OMB No. 0607-0595: Approval Expires 08/31/90

SURVEY OF INCOME AND PROGRAM PARTICIPATION 1988 PANEL WAVE 1 QUESTIONNAIRE SURVEY OF INCOME AND PROGRAM PARTICIPATION 1988 PANEL WAVE 1 QUESTIONNAIRE SURVEY OF INCOME AND PROGRAM PARTICIPATION 1988 PANEL WAVE 1 QUESTIONNAIRE SURVEY OF INCOME AND PROGRAM PARTICIPATION 1988 PANEL WAVE 1 QUESTIONNAIRE SURVEY OF INCOME AND PROGRAM PARTICIPATION 1988 PANEL WAVE 1 QUESTIONNAIRE SURVEY OF INCOME AND PROGRAM PARTICIPATION 1988 PANEL WAVE 1 QUESTIONNAIRE SURVEY OF INCOME AND PROGRAM PARTICIPATION 1988 PANEL WAVE 1 QUESTIONNAIRE SURVEY OF INCOME AND PROGRAM PARTICIPATION 1988 PANEL WAVE 1 QUESTIONNAIRE SURVEY OF INCOME AND PROGRAM PARTICIPATION 1988 PANEL WAVE 1 QUESTIONNAIRE SURVEY OF INCOME AND PROGRAM PARTICIPATION 1988 PANEL WAVE 1 QUESTIONNAIRE SURVEY OF INCOME AND PROGRAM PARTICIPATION 1988 PANEL WAVE 1 QUESTIONNAIRE SURVEY OF INCOME AND PROGRAM PARTICIPATION 1988 PANEL WAVE 1 QUESTIONNAIRE SURVEY OF INCOME AND PROGRAM PARTICIPATION 1988 PANEL WAVE 1 QUESTIONNAIRE SURVEY OF INCOME AND PROGRAM PARTICIPATION 1988 PANEL WAVE 1 QUESTIONNAIRE SURVEY OF INCOME AND PROGRAM PARTICIPATION 1988 PANEL WAVE 1 QUESTIONNAIRE SURVEY OF INCOME AND PROGRAM PARTICIPATION 1988 PANEL WAVE 1 QUESTIONNAIRE SURVEY OF INCOME AND PROGRAM PARTICIPATION 1988 PANEL WAVE 1 QUESTIONNAIRE SURVEY OF INCOME AND PROGRAM PARTICIPATION 1988 PANEL WAVE 1 QUESTIONNAIRE SURVEY OF INCOME AND PROGRAM PARTICIPATION 1988 PANEL WAVE 1 QUESTIONNAIRE SURVEY OF INCOME AND PROGRAM AND PROGRAM PARTICIPATION 1988 PANEL WAVE 1 QUESTIONNAIRE SURVEY SERVED SERVEY OF THIS J.D.C. and d using the Control Card C. Sex code Id. Neitle Co. Sex code Id. Neitle Status (IC. 28) C. Sex code Id. Neitle Co. Sex code Id. Neitle Status (IC. 28) NOTH TO THIS J.D.C. and d using the Control Card C. Sex code Id. Neitle Status (IC. 28) INTRODUCTION INTRODUCTION INTRODUCTION INTRODUCTION INTRODUCTION INTRODUCTION INTRODUCTION INTRODUCTION INTRODUCTION INTRODUCTION INTRODUCTION INTRODUCTION INTRODUCTION INTRODUCTION INTRODUCTION INTRODUCTION INTRODUCTION INTRODUCTI	FORM SIPP-8100 (9-1-87)		NOTICE — Your re may be seen only by	eport to the Census Bureau is confidential by law (title 13, U.S. Code). It y sworn Census employees and may be used only for statistical purposes.
SURVEY OF INCOME AND PROGRAM PARTICIPATION 1988 PANEL WAVE 1 QUESTIONNAIRE Self		G M	R.O. o	code PSU Segment Serial Sample digit Add. ID
a. Interview Self	SURVEY OF INCOME AND PROGRAM PARTICIPATION 1988 PANEL	6	4. (cc 17) a. Entry Add. ID b. PERSON Number (cc 18) 5. PERSON CHAR a. Relationship code (cc 19b) 6. Interviewer in	C. Name (cc 19a) First Middle initial ACTERISTICS — Fill a,b,c, and d using the Control Card b. Date of birth (cc 24) Month Day Year C.Sex code (cc 26a) Month Day Year dentification
a. Interview □ Self 2 □ Proxy	7. PERSON INTERVIEW STATUS			INTRODUCTION
to each respondent. Do not repeat to another respondent who was in the room when you earlier read the introduction. Comparison Com	a. Interview		,	
b. Noninterview This survey is about the economic situation of people living in the United States. Most of the questions will be about's activities during Here is a calendar that shows the 4 months we will be talking about. (Hand respondent Flashcard J) This time period is very important, so if you have any questions about what period is being referred to during the interview, please ask me. We need the most accurate and complete information possible. Please think carefully about each question, search your memory and take your time in answering. For some of the questions it will help to look up the answers by checking whatever records are available to you here. Notes	₁ ☐ Self	_	SKIP	to each respondent. Do not repeat to another respondent
b. Noninterview		→ L		
a.m. p.m. p.m. p.m. p.m. p.m. p.m. p.m.	b. Noninterview			living in the United States. Most of the questions will
about. (Hand respondent Flashcard J) This time period is very important, so if you have any questions about what period is being referred to during the interview, please ask me. We need the most accurate and complete information possible. Please think carefully about each question, search your memory and take your time in answering. For some of the questions it will help to look up the answers by checking whatever records are available to you here. Notes Pa. Interview time for this person Initial visit Callback visit a.m. a.m. p.m.	₁ 🏻 Type Z refusal			
8. Date of interview for this person Month Fill start time in 9a, then go to Introduction	2 🗆 Type Z other			about. (Hand respondent Flashcard J) This time period is
Month Fill start time in 9a, then go to Introduction				what period is being referred to during the interview,
Initial visit Callback visit a.m. p.m. p.m. p.m. Finish time → a.m. p.m. p.m. p.m. D. Total interview time for this person Minutes	Month Fill start time is to Introduction	in 9a	a, then go	possible. Please think carefully about each question, search your memory and take your time in answering. For some of the questions it will help to look up the answers by checking whatever records are available to you here.
Start time a.m. p.m. p.m. Finish time a.m. p.m. a.m. p.m. b. Total interview time for this person Minutes	9a. Interview time for this person			
Start time p.m. p.m. p.m. p.m. p.m. p.m. p.m. p.	Initial visit	_	Callback visit	
Finish time → a.m. p.m. a.m. p.m. b. Total interview time for this person Minutes	Start time	1		
b. Total interview time for this person Minutes	Finish time → a.m	٦.	a.m.	
Minutes	р.п	1. L	p.m.	
	b. Total interview time for this person	on		
Oa. Interviewer edit time	Minutes			
	10a. Interviewer edit time			
	- Car interviewer care time			
Start time a.m. p.m. Finish time a.m.	Start time ————————————————————————————————————	•	p.m.	
p.m.				
p.m.	b. Total interviewer edit time			
p.m.	Minutes			
b. Total interviewer edit time				

5
7
Е
颪
C
ш
œ
9
3
9
۳
ĕ
ō
F
뜨
∺
₹
_

	Section 1 — LABOR FO	RCE	AND RECIPIENCY
1.	(SHOW FLASHCARD J) During the 4-month period outlined on this calendar, that is, from (4 months ago) thru (Last month), did have a job or business, either full time or part time, even for only a few days? Mark "Yes" for active duty in the Armed Forces, any temporary or part-time work, and work without pay in a family business or farm.	PGM 7	1 ☐ Yes — Mark "Worked" (code 170) on ISS and SKIP to 4
2a.	Even though did not have a job during this period, did spend any time looking for work or on layoff from a job?	1002	1 □ Yes 2 □ No — <i>SKIP to 3a</i>
b.	Please look at the calendar. In which weeks was looking for work or on layoff from a job? Please answer by giving the week number that appears to the right of each week on the calendar. Mark (X) all that apply.	1004 1006 1008 1010 1012 1014 1016	x5 ALL 1 1018 7 1030 13 2 1020 8 1032 14 3 1022 9 1034 15 4 1024 10 1036 16 5 1026 11 1038 17 6 1028 12 1040 18
c.	Could have taken a job during any of those weeks if one had been offered?	1042	1 Yes − <i>SKIP to 3a</i> 2 No
d.	What was the main reason could not take a job during those weeks? Mark (X) only one.	1044	1 ☐ Already had a job 2 ☐ Temporary illness 3 ☐ School 4 ☐ Other — Specify
3a.	Even though did not have a job during this period, did do any work at all that earned some money?	1046	1 ☐ Yes — Mark ''55'' on ISS 2 ☐ No — SKIP to 9a, page 4
b.	In which of the months shown on this calendar did do that work? Mark (X) all that apply.	1048 1050 1052 1054	1 □ Last month 2 □ 2 months ago 3 □ 3 months ago 4 □ 4 months ago
4.	Did have a job or business, either full or part time, during EACH of the weeks in this period? Note that the person did not have to work each week.	1056	1 ☐ Yes 2 ☐ No — <i>SKIP to 6a</i>
5a.	Wasabsent without pay from's job or business for any FULL weeks during the 4-month period?	1058	1 ☐ Yes 2 ☐ No — <i>SKIP to 8a, page 4</i>
b.	Please look at the calendar. In which weeks was absent without pay? Please answer by giving the week number that appears to the right of each week on the calendar. Mark (X) all that apply.	1062 1064 1066 1068 1070 1072	1 1074 7 1086 13 2 1076 8 1088 14 3 1078 9 1090 15 4 1080 10 1092 16 5 1082 11 1094 17 6 1084 12 1096 18
C.	What was the main reason was absent without pay from 's job or business during those weeks? Mark (X) only one.	1098	1 ☐ On layoff 2 ☐ Own illness 3 ☐ On vacation 4 ☐ Bad weather 5 ☐ Labor dispute 6 ☐ New job to begin within 30 days 7 ☐ Other — Specify
NOT	ES		

	Section 1 — LABOR FORCE A	ND RI	ECIF	PIENC	Y (C	onti	nued)		
6a.	(SHOW FLASHCARD J) Please look at the calendar. In which weeks did have a job or business? Please answer by giving the week number that appears to the right of each week on the calendar. Mark (X) all that apply.	1100 1102 1104 1106 1108 1110		2 3 4 5	11 11 11	112 114 116 118 120 122	☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12	1124 1126 1128 1130 1132 1134	☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18
b.	Of those weeks that had a job or business, was absent from work for any full weeks without pay?	1136	1 🗌	Yes No – <i>S</i>	KIP to	7a			
c.	In which weeks was absent without pay? Please answer by giving the week number that appears to the right of each week on the calendar. Mark (X) all that apply.	1138 1140 1142 1144 1146 1148		2 3 4 5	1° 1° 1°	150 152 154 156 158	☐ 7 ☐ 8 ☐ 9 ☐ 10 ☐ 11	1162 1164 1166 1168 1170	☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17
d.	What was the main reason was absent from's job or business during those weeks? Mark (X) only one.	1174	2	On layo Own illr On vaca Bad wea Labor di	off ness ation ather ispute	e egin w	☐ 12 vithin 30 days		□ 18
	I have marked that there were some weeks in this period in which did NOT have a job or business. During that week or weeks did spend any time looking for work or on layoff?	1176	1 🔲	Yes No — <i>S</i>	KIP to	7e			
b.	In which of these weeks was looking for work or on layoff from a job? Please answer by giving the week number that appears to the right of each week on the calendar. Mark (X) all that apply.	1180 1182 1184 1186 1188 1190	X5	2 3 4 5	1: 1: 1:	thout 192 194 196 198 200	a job 7 8 9 10 11 12	1204 1206 1208 1210 1212 1214	☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17 ☐ 18
C.	Could have taken a job during those weeks if one had been offered?	1216	1	Yes — S No	Skip to	o 7e			
d.	What was the main reason could not take a job during those weeks? Mark (X) only one.	1218	2 🔲 3 🔲	Already Tempor School Other —	ary illi	ness			
e.	During the weeks that did not have a job, did do any work at all that earned some money?	1220		Yes — <i>I</i> No — <i>S</i>					
f.	In which of the months shown on this calendar did do that work? Mark (X) all that apply.	1222 1224 1226 1228	2 🗌 3 🔲	Last mo 2 month 3 month 4 month	ns ago)			
NOT	ES								

	Section 1 — LABOR FORCE A	NDR	ECIPIENCY (Continued)
8a.	In the weeks that worked during the 4-month period, how many hours did usually work per week?	1230	Hours per week
			x3☐ None x1☐ DK } SKIP to 9a
CHEC		1231	1 ☐ Yes 2 ☐ No — <i>SKIP</i> to <i>8c</i>
8b.	Did work fewer than 35 hours in any of the weeks that worked during this period? Exclude time off WITH PAY because of holidays, vacations, days off, or sickness.	1232	1 □ Yes 2 □ No − <i>SKIP to 9a</i>
c.	How many weeks did work fewer than 35 hours in the months of (Read each month)?	1233 1234 1235	X5 All weeks Weeks Last month Weeks 2 months ago
		1236 1237	Weeks 3 months ago Weeks 4 months ago
d.	What was the main reason worked fewer than 35 hours in those weeks?	1238	1 ☐ Could not find a full-time job 2 ☐ Wanted to work part time 3 ☐ Health condition or disability
	Mark (X) only one.		4 □ Normal working hours are fewer than 35 hours 5 □ Slack work or material shortage 6 □ Other — Specify
9a.	During this 4-month period, did receive any State unemployment compensation payments?	1240	1 ☐ Yes — Mark "5" on ISS 2 ☐ No — SKIP to Check Item R4
b.	During this period, did also receive any Supplemental Unemployment Benefits (SUB)?	1242	1 ☐ Yes — Mark ''6'' on ISS 2 ☐ No
ITEM	the ISS?	1244	1 ☐ Yes 2 ☐ No — SKIP to Check Item R5
10.	During this 4-month period did receive any money from worker's compensation for any kind of job-related illness or injury?	1246	1 □ Yes − Mark ''10'' on ISS 2 □ No
CHEC		1330	¹ ☐ Yes 2 ☐ No — <i>SKIP to Check Item R6</i>
11a.	How long did serve on active duty in the Armed Forces?		1 Less than 6 months 2 G to 23 months 3 C to 19 years 4 C 20 or more years x1 D K
b.	Does have a service connected disability; that is, a health condition or impairment caused or made worse by military service?	1334	1 Yes 2 No x1 DK } SKIP to 11d
C.	What is 's VA percent disability rating? Use the following probe if needed: (Such as 0,10, 20, 30, 40, 50, 60, 70, 80, 90, 100%)	1	Percent Mark "200" on ISS if rating is 100%; otherwise, mark "201" No rating No rating
d.	During this 4-month period did receive any payments from the Veterans' Administration? (Exclude regular military retirement pay, insurance proceeds and GI Bill benefits.)	1338	1 □ Yes <i>— Mark ''8'' on ISS</i> 2 □ No
CHEC		1340	1 ☐ Yes 2 ☐ No — <i>SKIP</i> to 15a
NOTES	S	-	

	Section 1 — LABOR FORCE A			
12a.	During this 4-month period, did receive any Social Security payments?	1	2	Yes — Mark ''1'' on ISS No — SKIP to Check Item R8
b.	What is the reason is getting Social Security, is it because is (Read categories) —	1344	2	Retired? Disabled? Widowed or surviving child?
	Mark (X) only one.	[]] [4 [5 [Spouse or dependent child? Some other reason SKIP to 13a
	Sometimes people get Social Security for more than one reason. Is there another reason receives Social Security?	 	2	Retired Disabled Widowed or surviving child Spouse or dependent child No other reason DK
CHEC		1348] Yes] No — <i>SKIP to 13a</i>
	At what age did begin receiving Social Security because of (his/her) disability?			Age in years SKIP to 13a Ref.
CHEC	Is the designated parent or guardian of children under 18 who live in this household?	1350	2	No — SKIP to 13a
	During the 4-month period did receive any Social Security payments especially for 's children (under 18)?	1352] Yes — <i>Mark ''1'' on ISS</i>] No
	During this 4-month period did receive any SSI (Supplemental Security Income) payments from the U.S. Government?	1354		Yes — Mark ''3'' on ISS No — SKIP to Check Item R9
_	Did also receive a SEPARATE SSI payment from the State or local welfare office during these months?	1	2	Yes — <i>Mark ''4'' on ISS</i> No
CHEC	ls 40 years of age or older?	1358	2	Yes No — <i>SKIP to 15a</i>
14a.	Has ever retired from a job or business? (Include retirement from the military.)	1360	2	Yes No — SKIP to Check Item R10
	During the 4-month period did receive any retirement income other than Social Security?	1362]Yes]No — <i>SKIP to 14d</i>
	What kind of retirement income? Anything else? Mark (X) all that apply.		2 [U.S. Government Railroad Retirement — Mark "2" on ISS Pension from company or union — Mark "30" on ISS Federal Civil Service or other Federal civilian
		1370	4 [employee pension — <i>Mark "31" on ISS</i> U.S. Military retirement pay (exclude payments from the Veterans Administration) — <i>Mark "32" on ISS</i>
		1374 1376	6 [7 [National Guard or Reserve Forces retirement — Mark ''33'' on ISS State government pension — Mark ''34'' on ISS Local government pension — Mark ''35'' on ISS Other or DK — Specify and enter code from income source list. If income type is not listed or DK, enter code ''38'' — Mark ISS.
		1380		
	During this 4-month period did receive any regular income from a paid-up life insurance policy or any other annuities?] 	_] Yes — <i>Mark ''36'' on ISS</i>] No
CHEC	Is 70 years of age or older?	1384	2] Yes — <i>SKIP to Check Item R11</i>] No
	Does have a physical, mental, or other health condition which limits the kind or amount of work can do?	1386	2	Yes — Mark ''171'' on ISS No — SKIP to Check Item R11
	During this 4-month period, did receive any income because of's health condition or disability? (Other than Social Security, SSI, or VA?)		2] Yes] No] DK } SKIP to Check Item R11

FORM SIPP-8100 (9-1-87)

	Section 1 — LABOR FORCE A	ND R	ECI	PIENCY (Continued)
15c.	What kind of income? Anything else?	1390	1 🗆	U.S. Government Railroad Retirement — Mark
1	Mark (X) all that apply.	1392	2 🗆	Black Lung benefits — Mark "9" on ISS
		1394	3 □	Worker's Compensation — Mark "10" on ISS
		1396	4 🗆	Payments from a sickness, accident or disability insurance policy purchased on your own — Mark "13" on ISS
		1398	5 🗆	Pension from company or union — Mark "30" on ISS
		1400	6 □	Federal Civil Service or other Federal civilian employee pension — <i>Mark ''31'' on ISS</i>
		1402	7 🗆	U.S. Military retirement pay (exclude payments from the Veterans Administration) — Mark "32" on ISS
		1406	8 🗆	State government pension - Mark "34" on ISS
<u> </u>		1408		Local government pension — Mark "35" on ISS
		1410	10 □	Other or DK - Specify and enter code from
		} 		income source list. If income type not listed or ''DK,'' enter code ''38''_1 — Mark ISS.
				· · · · · · · · · · · · · · · · · · ·
- OUE		1412	L	
CHEC		1414		Married — <i>SKIP to 17</i> Widowed — <i>SKIP to 19a</i>
	What is 's marital status?	\ 	,	Divorced
		 		Separated
	<u> </u>	1446		Never married — SKIP to Check Item R12
16.	Did receive any alimony (or support payments other than child support) during the	1416		Yes — Mark ''29'' on ISS and SKIP to Check Item R12
	4-month period?))		DK SKIP to Check Item R12
		 	X2 🗆	Ref.)
17.	(People who have been widowed or divorced	1418	1 [Widowed — SKIP to 19a
	sometimes receive income because of their former marriage.) Has ever been widowed or]		Divorced Both widowed and divorced
	divorced?	! }		No — SKIP to Check Item R15
CHEC	neiei io conenis 23 ano 27.	1420		Yes No — SKIP to Check Item R13
18.		1422	1	Yes — Mark ''28'' on ISS
10.	this 4-month period? (Include "pass through"	1		No
	child support payments paid through the welfare office. Exclude all other child support payments from the welfare office.)	1 '		DK Ref.
CHEC		1424	-	Yes No — SKIP to Check Item R15
19a.	During this 4-month period, did receive any	1426		Yes
	pensions or annuities as a widow(er) (other than Social Security)?	 		No SKIP to Check Item R15
b.	What kind of income was this?	1428		U.S. Government Railroad Retirement — Mark
	Was there anything else?	1430		"2" on ISS
	(SHOW FLASHCARD K)	1 430	2 L_	Veterans Compensation or pension — Mark "8" on ISS
	Mark (X) all that apply.			Black Lung benefits — Mark "9" on ISS
		 		Pension from company or union — Mark "30" on ISS
		1436 -	5 L.	Federal Civil Service or other Federal civilian employee pension — Mark "31" on ISS
		1438	6	U.S. Military retirement pay (exclude payments from the Veterans Administration) — <i>Mark "32"</i> on ISS
		1440	7 🗀	National Guard or Reserve Forces retirement — Mark "33" on ISS
				State government pension $-$ <i>Mark ''34'' on ISS</i>
				Local government pension — Mark "35" on ISS
		1446	10	Income from paid up life insurance policies or annuities — Mark "36" on ISS
		1448	11 🗆	Payments from estate or trust — Mark "37" on ISS
		1450	12	Other or DK — Specify and enter code from income source list. If income type not listed or "DK," enter code "38" — Mark ISS.
		1452		

	Section 1 — LABOR FORC	EAND	RECIPIENCY (Continued)
CHEC	1-101-1-101		1 ☐ Yes 2 ☐ No — <i>SKIP to Check Item R15</i>
	Did's late spouse die while in the service or from a service-related injury?	l i	1 ☐ Yes, in the service 2 ☐ Yes, from service-related injury 3 ☐ No
CHEC			1 □ Yes — <i>SKIP to 20a</i> 2 □ No
CHEC			1 ☐ Yes 2 ☐ No — <i>SKIP to Check Item R17</i>
20a.	Medicare is a health insurance program for disabled persons and persons 65 or older. People covered by Medicare have a card that looks like this (SHOW FLASHCARD L).		1 ☐ Yes — Mark ''172'' on ISS 2 ☐ No } SKIP to Check Item R17 1 ☐ DK
b.	Was covered by Medicare? May I see's Medicare card to record the		
	claim number and type of coverage?	 	TYPE OF COVERAGE 1 Hospital only (Type A) 2 Medical only (Type B) 3 Both hospital and medical (Type A and B) 4 Card not available — ASK 20c
C.	If I were to call later would you be able to provide me with's Medicare number? (This information is especially important for the purposes of this survey.)	İ	1 ☐ Yes — Mark Reminder Card and Callback Summary, Item 2 2 ☐ No
L	Medicare has an optional feature which costs extra and helps pay for doctor bills. Does's Medicare help pay for doctor bills?	 	1 ☐ Yes 2 ☐ No 1 ☐ DK
CHEC			1 ☐ Yes — <i>SKIP to 21</i> 2 ☐ No
CHEC	neier to cc item 24.		1 ☐ Yes 2 ☐ No <i>— SKIP to 24a</i>
CHEC	R19. Interview status of 's spouse.	! ! ! !	No spouse in household Interview for spouse not yet conducted Interview for spouse already conducted — SKIP to 23a
21.	Was(or's spouse) authorized to receive food stamps at any time during the 4-month period? (An authorized person is one whose name appears on a certification card.)	1482	1 ☐ Yes — Mark ''27'' on ISS 2 ☐ No
22a.	During the 4-month period, did receive any welfare such as AFDC, WIC, Foster Child Care, or General Assistance (for or 's children)? (Exclude energy assistance.)	1484	1 ☐ Yes 2 ☐ No — <i>SKIP to 23a</i>
b.	What kind of welfare did receive? Anything else? Mark (X) all that apply.	1488	1 ☐ AFDC — Mark "20" on ISS 2 ☐ General Assistance or General Relief — Mark "21" on ISS 3 ☐ Indian, Cuban or Refugee Assistance — Mark "22" on ISS
		1492 1494 1496	 4 ☐ Foster Child Care — Mark "23" on ISS 5 ☐ WIC — Mark "25" on ISS 6 ☐ Other or DK — Specify and enter code from income source list. If income type not listed or DK, enter code "24" — Mark ISS
23a.	(Refer to FLASHCARD M for Medicaid name.) During the 4-month period was covered by (Use local name for Medicaid) or another public assistance program that pays for medical care?	1502	1 ☐ Yes — Mark "173" on ISS 2 ☐ No
CHEC		1506	1 ☐ Yes 2 ☐ No — SKIP to Check Item R21
23b.	Were any of's children (under 18) covered by (Use local name for Medicaid)?	1508	1 ☐ Yes 2 ☐ No — SKIP to Check Item R21

	Section 1 — LABOR FORCE		
23c.	Which children were covered?	1510	- X3 El All Cilidicil
			OR Person No. Name
		1512	
		1514	
		1516	
		1518	
		1520	
CHE		1524	1 ☐ Yes
ITEN	18 years old covered by Medicaid?		2 □ No — SKIP to 24a
23d.	Was (/(and)'s children) covered during the entire 4-month period?	1526	1 □ Yes — <i>SKIP to 24a</i> 2 □ No
e.	In which months was (/(and) 's children) covered?	1528 1530	1 ☐ Last month 2 ☐ 2 months ago
	Mark (X) all that apply.	1532 1534	з 🗌 3 months ago
24a	Was covered by a health insurance plan at	1534	4 ☐ 4 months ago
Z 79.	any time during the past 4 months? (Include CHAMPUS, CHAMPVA, and military coverage.) (Exclude Medicaid, Medicare, and plans paying benefits only for accidents or specific diseases.)		2 □ No − SKIP to Check Item R22
	ASK OR VERIFY —	1538	ı ☐ Yes — SKIP to 24d
b.	Was covered by a health insurance plan during the entire 4-month period?		2 □ No
c.	In which months was covered?	1540	1 ☐ Last month
	Mark (X) all that apply.	1542 1544	2 ☐ 2 months ago 3 ☐ 3 months ago
		1546	4 \(\text{ 4 months ago}
d.	Was's health insurance coverage from a plan in's own name (primary policy holder), or was covered as a family member on someone else's plan?	1547	1 ☐ Plan in own name — SKIP to 24f 2 ☐ Someone else's plan 3 ☐ Both — SKIP to 24f
e.	Whose plan covered?		Household member SKIP
			Person No. Name to Check Item
		1548	R22
		1549	x4 🗆 Not a Household member
т.	Was's policy obtained through's current employer or union, through a former employer,	1545	1 ☐ Current employer or union 2 ☐ Former employer
	through the CHAMPUS or CHAMPVA programs, or in some other way?		3 ☐ CHAMPUS
	•	!	4 CHAMPVA 5 Military SKIP to 24h
			6 ☐ Other x1 ☐ DK
a.	Did's employer or union (former employer)	1550	
3-	pay all, part, or none of the cost of this plan?		2 ☐ Part 3 ☐ None
h	Wee /e plan as individual plan as	1552	1 ☐ Individual — SKIP to Check Item R22
***	Was's plan an individual plan or a family plan?		2 ☐ Family
i.	Other than, which persons in this household were covered by 's plan?	1554	x5 ☐ All persons Person No. Name
	(Include children as well as adults.)	1556	
		1558	
		1560	
İ		1562	
		1564	x3 None
;	Did's plan cover anyone who did not live in	1567	1 ☐ Yes, spouse
٠,	this household during the past 4 months?	1568 1569	₂ ☐ Yes, child(ren)
	Mark (X) all that apply.	1569	3 ☐ Yes, someone else

	Section 1 — LABOR FORCE A	ND RI	CIPIENCY (Continued)
CHEC		1572	¹ □Yes ₂ □No — SKIP to 25
24k.	Were all of 's children under 15 years old covered by a health insurance plan? (Include CHAMPUS, CHAMPVA, and military plans.) (Exclude Medicare, Medicaid, and plans paying benefits only for accidents or specific diseases.)	1574	1 □Yes — SKIP to 24m 2 □No
١.	Which children were covered by a health insurance plan?	1	Person No. Name
		1575 1576	
		1577	
		1578	
		1579	
		1580	OR x3 □ None — <i>SKIP to 25</i>
m.	Were any of these children covered by the plan of someone who did not live in the household during the past 4 months?	1581	1 Yes — Which children? Person No. Name
		1582	
		1583	
		1584	
		1585	
		1586 1587	2 No ,
25.	Excluding IRA and Keogh accounts, did have any accounts or savings in a bank, credit union, or savings and loan at any time during the 4-month period?	1624	1 □Yes 2 □No − SKIP to 27a
26.	Did have any —	1626	1 ☐ Yes — Mark ''100'' on ISS
a.	Regular or passbook savings accounts?	} 	x1 □ D K x2 □ Ref.
b.	Money market deposit accounts?	1628	1 ☐ Yes — Mark ''101'' on ISS 2 ☐ No x1 ☐ DK x2 ☐ Ref.
C.	Certificates of deposit or other savings certificates?	1630	1 ☐ Yes — Mark "102" on ISS 2 ☐ No x1 ☐ D K x2 ☐ Ref.
d.	Interest-earning checking accounts (such as NOW or Super NOW accounts)?	1632	1 ☐ Yes — <i>Mark "103" on ISS</i> 2 ☐ No x1 ☐ D K x2 ☐ Ref.
27a.	Did own anything (else) which earned interest such as money market funds, U.S. Government securities, mortgages or bonds at any time during the 4-month period? (Exclude IRA and Keogh accounts.)	1634	1 ☐ Yes 2 ☐ No x1 ☐ DK x2 ☐ Ref. } SKIP to 28
h	(SHOW FLASHCARD N) Which kinds of these assets didown?	1636 1638	1 ☐ Money market funds — Mark "104" on ISS 2 ☐ U.S. Government securities — Mark "105" on ISS
,	Any others?	1640 1642	3 Municipal or corporate bonds – Mark "106" on ISS 4 Mortgages – Mark "130" on ISS
	(Exclude IRA and Keogh accounts.)	1644 1646	5 ☐ U.S. Savings Bonds (E, EE) — Mark "174" on ISS
	Mark (X) all that apply.		6 ☐ Other — Specify and mark "107" on ISS
l		i	

	Section 1 — LABOR FORCE	AND F	ECIP	PIENCY (Continued)
28.	During the 4-month period did have any —	1648	1 🗆 Y	es — Mark ''110'' on ISS
	(Exclude IRA and Keogh accounts.)		2 🗆 N	
a.	Stocks or mutual fund shares?	1	x1 ☐ C x2 ☐ R	
b.	Rental property?	1650	1 □ Y	es – Mark ''120'' on ISS
		 	2 🗆 N	lo
		j l	X1 ☐ ☐ X2 ☐ Ħ	
	Paralata 2	1652		
.	Royalties?	1	1	'es — Mark ''140'' on ISS Io
			x1 □ □	OK
			x2□ R	ef.
d.	Any other financial investments not already mentioned (such as unit trusts or investments managed by a broker)?	1654	1 □ Y	es — Specify and mark ''150'' on ISS
l			2 🗌 N	
ł		į.	x1 □ D x2 □ R	
292	Was enrolled in school, either full-time or	1656		
254.	part-time during any of the past 4 months?			es, full-time es, part-time
1	(Include any regular school, such as elementary, high school, or college, or any vocational,	1		lo — SKIP to Check Item R23
	technical, or business school.)	Í		
b.	During which months was enrolled?	1658	1 🗆 A	II months
	Mark (X) all that apply.	1662		ast month months ago
İ		1664		months ago
		1666	5 🗌 4	months ago
c.	At what level or grade was enrolled?	1668	1□ E	lementary grades 1-8 SKIP to Check
	(If enrolled at more than one level during this period,	i		ligh school grades 9-12 } Item R23
!]	check most recent level.)	j F		ollege year 1
!		 		ollege year 2 ollege year 3
<u> </u>] !		ollege year 4
		1		ollege year 5
				ollege year 6 ocational school
		i I	_	echnical school
		!	11 🗆 B	usiness school
30a.	Were any of 's educational expenses during	1670	1 🗆 Y	25
	the last 4 months paid for by the GI Bill, a PELL (BEOG) Grant, a guaranteed or National Direct	 		o — SKIP to Check Item R23
	Student Loan, or any other type of scholarship or grant?	1		
_				
b.	What kind of educational assistance did receive? Anything else?	1672 1674		I Bill — Mark ''40'' on ISS ther Veteran's Administration Educational
	Mark (X) all that apply.		Α	ssistance Programs (Survivors and
		<u> </u>		ependents; Vocational Rehabilitation; ost-Vietnam Veterans) — Mark "41" on ISS
		1676 1678		ollege Work Study — Mark "175" on ISS
		1680		ELL Grant — <i>Mark ''176'' on ISS</i> upplemental Educational Opportunity
		1682	G	rant (SEOG) — Mark "177" on ISS
		1002		ational Direct Student Loan IDSL) — <i>Mark ''178'' on ISS</i>
		1684 1686		uaranteed Student Loan — Mark "179" on ISS
		1688		TPA Training — <i>Mark ''180'' on ISS</i> mployer Assistance — <i>Mark ''181'' on ISS</i>
			10 🗌 Fe	ellowship/Scholarship — Mark ''182'' on ISS
		1002	11 🗆 O	ther financial aid — Mark "183" on ISS
CHE		1694	1 🗆 Y	es
ITEN	Is code 2 (married, spouse absent) the	 	_	o — SKIP to Check Item R24
	current entry?	! !		
0.4	ASK OR VERIFY —	1696	1 🗆 Y	es
31.	ls's spouse in the Armed Forces?	1 	2 🗌 N	

	Section 1 — LABOR FORCE A	ND RECIPIENCY (Continued)
CHECK ITEM R24 Are a 200,	any codes (excluding 171 – 173, and 201) marked on the ISS?	1⊡ Yes 2⊡ No <i>— SKIP to 33a</i>
received income f	ing the 4-month period from — (Read all items marked on des 171—173, 200, and 201.)	1 Yes 2 No — Probe and resolve (Make corrections to ISS if necessary)
such as financial	ncome from any other source I help from someone outside the nents from the government or	1702 $_1\Box$ Yes — SKIP to 33b $_2\Box$ No — SKIP to Check Item E1, page 13
during the 4-mor from some source financial help fro	led any sources of income for nth period. Did receive income ce we have not covered, such as om someone outside the nents from the government or	1704 1 Yes 2 No − SKIP to Check Item P1, page 45
b. What kind of inco	ome did receive?	Enter codes from income source list and mark ISS.
Anything else?		
		1706
		1708
		1710
NOTES		
FORM SIPP-8100 (9-1-87)		Page 1

NOTES

Page 12

FORM SIPP-8100 (9-1-87)

	Section 2 — EARNIN	GS AND EMPLOYMENT
CHECK ITEM E1	Is "Worked" (code 170) marked on ISS?	1712 1 ☐ Yes 2 ☐ No — SKIP to First ISS Code marked or Check Item P1, page 45
period was	aid worked during the 4-month I. Was working for an employer or self-employed?	1714 1 Worked for employer only 2 Self-employed only — SKIP to Statement B, page 18
_farm a	de unpaid worker in family business or as working for an employer.)	3 ☐ Both worked for employer and self-employed
b. How n	many different employers did work for y this 4-month period?	1 1 employer 2 2 2 employers 3 3 or more employers
CHECK ITEM E2	Is ''Both worked for employer and self-employed'' (box 3) marked in item 1a?	1718
STATEMEN	worked for an employer and will be about's work for an	i was also self-employed. The first questions employer.
NOTES		

	Section 2 — EARNINGS AND EMPLOYMENT (Continued)					
	Part A1 — EMPLOYER IC	DENTIFICATION NUMBER 1				
2a.	What is the name of the employer for whom worked during this 4-month period? (If worked for 2 employers, enter one employer here and the other in part A2, page 16. If worked for 3 or more employers, enter in A1 and A2 the 2 employers for whom worked the most hours.)	PGM 8 Employer name				
CHE	Enter number "1" for this employer in box.	PGM 8 Employer I.D. No.				
	What kind of business or industry was (Name of company or business)? For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm. ASK OR VERIFY— Is it mainly—	PGM 8 PGM 9 PGM 8 PGM 9 PGM 8 PGM 9 PGM 8 PGM 9 PGM 9 PGM 8 PGM 9 PG				
_		3 ☐ Retail Trade? 4 ☐ Some other kind of business?				
	What kind of work was doing on this job? For example: Electrical engineer, stock clerk, typist, farmer	2008				
е.	What were's main activities or duties on this job? For example: Types, keeps account books, files, sells cars, operates printing press, finishes concrete.	PGM 8 2010				
_	ASK OR VERIFY —	PGM 8 1 A private for-profit company or individual?				
f.	Was an employee of —	2 A private not-for-profit, tax exempt, or charitable organization? 3 Federal government (exclude Armed Forces)? 4 State government? 5 Local government? 6 Armed Forces? 7 Unpaid in family business or farm?				
3a.	ASK OR VERIFY — Was employed by (Name of employer) during the entire 4-month period?	PGM 7 1 ☐ Yes — SKIP to 4 2 ☐ No				
	When was employed by (Name of employer) during this 4-month period?	2016 FROM Month 2018 Day 2020 TO Month 2022 Day				
CHE	Did stop working for this employer during the reference period?	2023 1 ☐ Yes 2 ☐ No — <i>SKIP to 4</i>				
3c.	What is the main reason stopped working for (Name of employer)? Mark (X) only one	1 Laid off 2 Retired 3 Discharged 4 Job was temporary and ended 5 Quit to take another job 6 Quit for some other reason				
4.	ASK OR VERIFY — How many hours per week did usually work at this job?	Hours x3 ☐ None x1 ☐ DK				
5.	Was paid by the hour on this job?	1 ☐ Yes 2 ☐ No — SKIP to 7a				
6.	What was's regular hourly pay rate at the end of (Read last month or "to" date in item 3b)?	x1□ D K x2□ Ref. — SKIP to Check Item E5				
7a.	During the 4-month period how often was paid on this job?	1 Once a week 2 Once each 2 weeks 3 Once a month 4 Twice a month 5 Unpaid in family business or farm — SKIP to Check Item E5 6 Some other way — Specify				
b.	On what date was last paid during this 4-month period?	2030				

	Section 2 — EARNINGS ANI	D EMPLOYMENT (Continu	ed)
	Part A1 — EMPLOYER IDENTIF	ICATION NUMBER 1 (Continue	d)
8a.	READ STATEMENT ONLY ONCE PER RESPONDENT		INTERVIEWER
	The next question is about the pay received from this job during the 4-month period. We	LAST MONTH	USE ONLY
	need the most accurate figures you can provide. Be sure to include any tips, bonuses, overtime	2032 \$. 00	\$
	pay, or commissions.	2032 \$.00
	What was the total amount of pay that received BEFORE deductions on this job in (Read each	x3 None	\$
	month) ?	x1□ DK	\$\$
	FOR MEMBERS OF THE ARMED FORCES — (Be sure to include housing allowances and	x2□ Ref.	\$\$
	any other special types of pay.) NOTE: Certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2	 	Total \$00
	weeks.	2 MONTHS AGO	\$00
	*	2034 \$. 00	\$00
		2034 \$. 00	\$.00
		∖ I x3□ None	
		x1□DK	\$\$
		x2□ Ref.	\$\$
		 	Total \$
		3 MONTHS AGO	\$00
			· · · · · · · · · · · · · · · · · · ·
		2036 \$. 00	\$\$
		x3 None	\$.00
		x1 □ DK	\$
		x2□ Ref.	\$
		} }	Total \$
		}	The same and the same at the same and the same at the
		4 MONTHS AGO	\$
			\$.00
		2038 \$. 00	\$
		x₃□ None	\$.00
		x1□ DK	
		l x2□ Ref.	\$
		1	Total \$
	M E4 Is "DK" marked in all parts of item 8a?	2040 1 ☐ Yes 2 ☐ No — <i>SKIP to 9a</i>	
8b.	If we were to call back later would you (or) be able to provide us with the amounts of pay received in each of these months? (Information about how much received each month is very important to the results of our survey.)	2042 1 ☐ Yes — Mark Reminder Callback Sumn 2 ☐ No	
9a.	On this job, is (was) a member of a labor union or of an employee association similar to	Yes — SKIP to Check	Itam E5
	a union?	2044 1 Yes — SKIP to Check	tem Lu
b.	Is (was) covered by a union or employee association contract?	2046 1 ☐ Yes 2 ☐ No	
	Number of employers in item 1b, page 13?	2048 1 1 2 1 employer - SKIP to	Check Item E8, page 17

FORM SIPP-8100 (9-1-87)

	Section 2 — EARNINGS AN	DEMP	LOYMENT (Continued)
	Part A2 — EMPLOYER ID		CATION NUMBER 2
10a.	What is the name of the other employer for whom worked during this 4-month period? (If worked for 3 or more employers, enter	2100	Employer name
	in A1 and A2 the 2 employers for whom worked the most hours.)	2011.0	
CHE		PGM 8	Employer I.D. No.
10b.	What kind of business or industry was (Name of company or business)?	PGM 8	
	For example: TV and radio manufacturing, retail shoe store, State Labor Department, farm.		
c.	ASK OR VERIFY — Is it mainly —	PGM 8	1 ☐ Manufacturing? 2 ☐ Wholesale Trade? 3 ☐ Retail Trade?
d.	What kind of work was doing on this job?	PGM 8	4 ☐ Some other kind of business?
	For example: Electrical engineer, stock clerk, typist, farmer	2108 PGM 8	
e.	What were 's main activities or duties on this job? For example: Types, keeps account books, files, sells cars, operates printing press, finishes	2110	
	concrete.	PGM 8	
f.	ASK OR VERIFY — Wasan employee of —	2112	A private for-profit company or individual? A private not-for-profit, tax exempt, or charitable organization?
		 	 3 Federal government (exclude Armed Forces)? 4 State government? 5 Local government? 6 Armed Forces? 7 Unpaid in family business or farm?
11a.	ASK OR VERIFY — Wasemployed by (Name of employer) during the entire 4-month period?	PGM 7	1 ☐ Yes — <i>SKIP to 12</i> 2 ☐ No
b.	When was employed by (Name of employer) during this 4-month period?	2116	FROM Month 2118 Day TO Month 2122 Day
CHE	Did stop working for this employer during the reference period?	2123	1 ☐ Yes 2 ☐ No — <i>SKIP to 12</i>
11c.	What is the main reason stopped working for (name of employer)?	2124	1 ☐ Laid off 2 ☐ Retired 3 ☐ Discharged 4 ☐ Job was temporary and ended 5 ☐ Quit to take another job 6 ☐ Quit for some other reason
12.	ASK OR VERIFY — How many hours per week did usually work at this job?	2125	Hours x3 None x1 DK
13.	Was paid by the hour on this job?	2126	1 ☐ Yes 2 ☐ No — <i>SKIP</i> to 15a
14.	What was's regular hourly pay rate at the end of (Read last month or "to" date in item 11b)?	2128	\$ x1□ DK x2□ Ref. — SKIP to Check Item E8
15a.	During the 4-month period how often was paid on this job?	2129	1 ☐ Once a week 2 ☐ Once each 2 weeks 3 ☐ Once a month 4 ☐ Twice a month 5 ☐ Unpaid in family business or farm — SKIP to Check Item E8 6 ☐ Some other way — Specify
b.	On what date was last paid during this 4-month period?	2130	Month 2131 □ Day x1 □ DK

	Section 2 — EARNINGS AND EMPLOYMENT (Continued)						
	Part A2 — EMPLOYER IDENTIF	ICATION NUMBER 2(Continue	d)				
16a.	READ STATEMENT ONLY ONCE PER RESPONDENT The next question is about the pay received from this job during the 4-month period. We need the most accurate figures you can provide. Be sure to include any tips, bonuses, overtime pay, or commissions.	LAST MONTH \$. 00	*				
	What was the total amount of pay that , received BEFORE deductions on this job in (Read each month)?	x3□ None x1□ DK	\$\$ \$00				
	FOR MEMBERS OF THE ARMED FORCES — (Be sure to include housing allowances and any other special types of pay.)	x2□Ref.	\$				
	NOTE: Certain months contain 5 paydays for workers paid weekly and 3 paydays for workers paid every 2 weeks.	2 MONTHS AGO	\$00				
	*	\$. 00	\$.00 \$.00 \$.00				
		x3☐ None x1☐ D K x2☐ Ref.	\$.00 \$.00				
		 	Total \$				
		3 MONTHS AGO	\$ <u>.00</u> \$ <u>.00</u>				
		x3 ☐ None x1 ☐ D K	\$.00 \$.00				
		x2□ Ref.	\$.00 Total \$.00				
		4 MONTHS AGO	\$				
		x3 ☐ None x1 ☐ D K	\$.00 \$.00				
		x2□Ref.	\$.00 Total \$.00				
CHE	VE7 Is "DK" marked in all parts of item 16a?	2140 1 ☐ Yes 2 ☐ No — <i>SKIP to 17a</i>					
16b.	If we were to call back later would you (or) be able to provide us with the amounts of pay received in each of these months? (Information about how much received each month is very important to the results of our survey.)	2142 1 Yes — Mark Reminde Callback Summ	r Card and mary, Item 3b				
17a.	On this job, is (was) a member of a labor union or of an employee association similar to a union?	1 Yes — SKIP to Check	Item E8				
	Is (was) covered by a union or employee association contract?	2146 1 Yes 2 No					
CHE	Is "Both worked for employer and self-employed" (box 3) marked in item 1a, page 13?	2148 1 Yes — Read Stateme. 2 No — SKIP to first ISS Check Item P1,	S Code or				

FORM SIPP-8100 (9-1-87)

	Section 2 — EARNINGS AN	D EMPLOYMENT (Continued)
	Part B1 — SELF-EMPLOYMEN	T IDENTIFICATION NUMBER 1
STA	TEMENT B You said was (also) self-employ	ed during this 4-month period.
1a.	What was the name of's business/professional practice/farm? (If was self-employed in 2 businesses, enter one business here and the other in part B2, page 20. If was self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)	PGM 8 Business name
	ECK M S1 Enter number "1" for this business in box.	PGM 8 Business I.D. No.
1b.	What kind of business was this?	PGM 8
c.	ASK OR VERIFY — Is it mainly —	PGM 8 1
d.	What kind of work was doing on this job?	2208
e.	What were's most important activities or duties on this job?	PGM 8 2210
	ASK OR VERIFY — How many hours per week did usually work at this business?	PGM 7 2212 Hours x3 □ None x1 □ DK
2.	Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months? Gross earnings include sales and receipts before expenses.	1
_	Have questions 3—5b already been answered for this business by another household member?	2216 1 ☐ Yes — <i>SKIP to 6a</i> 2 ☐ No
3.	What was the total number of employees working for this business? Be sure to include Enter 999 if more than 1,000 employees.	Employees x1 \(\text{DK} \)
4a.	Was 's business incorporated?	2220 1
b.	Was 's business a sole proprietorship or a partnership?	2222 1 ☐ Sole proprietorship — SKIP to 6a 2 ☐ Partnership
5a.	Aside from were any other members of this household owners or partners in this business?	2224 1 ☐ Yes 2 ☐ No — SKIP to 6a
b.	Which members?	Person No. Name 2226 2228
6a.	Waspaid a regular salary from this business during the 4-month period?	2232 1 Yes 2 No
	Did receive any (other) income from the business during this 4-month period?	2234 1 Yes 2 No
	M S3 Is "Yes" marked in either item 6a or 6b?	2236 1 Yes 2 No - SKIP to Check Item S5

		Section 2 — EARNINGS AND			
7.	7540	Part B1 — SELF-EMPLOYMENT IDER	TIFIC	ATION NUMBER 1 (Cont	INTERVIEWER
/.		STATEMENT ONLY ONCE PER RESPONDENT.	 		USE ONLY
	from thi	t question is about the income received s business during the 4-month period. We most accurate figures you can provide.	! 	LAST MONTH	\$
		as the total amount of income that	2238	\$ 00	\$\$
	received	from this business in (Read each month)?) }	x3 None	\$\$
			 	x1 □ DK	\$ <u>.00</u>
		*	i l	x₂□Ref.	TOTAL \$.00
			ļ 		
			2 !	MONTHS AGO	\$
			2240	\$. 00	s .00
				x3 None	9 .00
			i I	x1 □ DK	s .00
			 	x₂□Ref.	00
			1		TOTAL \$
			 	3 MONTHS AGO	\$.00
			2242	\$. 00	s .00
				x3 None	\$.00
			! !	x1 □ DK	\$.00
			1	x2 ☐ Ref.	·
			1		TOTAL \$
				4 MONTHS AGO	٥٥. ه
				00	\$.00
			2244	\$. [00]	Y
			i I	x3 ☐ None x1 ☐ DK	\$\$
			1	x2 ☐ Ref.	\$\$
			 		TOTAL \$
	M S4	Is ''DK'' marked in all parts of item 7?	2246	1 ☐ Yes 2 ☐ No — <i>SKIP to Check</i>	
8.	able to preceived about he	ere to call back later would you (or) be crovide us with the amounts of income d in each of these months? (Information ow much received each month is very nt to the results of our survey.)	2248	1	er Card and nmary, Item 4a
CHE	CK M S5	Refer to item 4a, page 18. Is this business incorporated?	2250	1 ☐ Yes — <i>SKIP to 11</i> 2 ☐ No	
CHE	CK M S6	Has information about the net profit (or loss) for this business already been obtained by another household member?	2252	1 ☐ Yes — <i>SKIP to 11</i> 2 ☐ No	
9a	or loss, receipts	give me an estimate of the net profit that is, the difference between gross and expenses for this business during onth period?	2254	1 ☐ Yes 2 ☐ No — <i>SKIP to 11</i>	
b	. What w	as the net profit or loss?	1)
	If "broke	e even,'' mark \$1 in box.	2256	\$. 00 x4 \(\text{Loss in amount box} \)	SKIP to 11
10.	About h	ow much did earn from this business penses during the 4-month period?	2260	\$. 00 x3 None x1 DK	· .
11			2262	x2 Ref.	
1 T.	Was (profess period?	self-employed in any other business sional practice/farm) during the 4-month		1 ☐ Yes 2 ☐ No — SKIP to first IS Item P1, page	

	Section 2 — EARNINGS AND EMPLOYMENT (Continued)						
	Part B2 — SELF-EMPLOYMENT IDENTIFICATION NUMBER 2						
12a.	What was the name of's other business/ professional practice/farm?	PGM 8 Business name					
	(If self-employed in 3 or more businesses, enter in B1 and B2 the 2 businesses producing the highest gross earnings.)	2300					
CHEC	Francisco III (1971 de la della 1971 de la della 1971)	PGM 8 Business I.D. No.					
12b.	What kind of business was this?	2301 PGM 8 2304					
C.	ASK OR VERIFY — Is it mainly —	PGM 8 1 Manufacturing? 2306 2 Wholesale Trade? 3 Retail Trade? 4 Some other kind of business?					
d.	What kind of work was doing on this job?	PGM 8 2308					
e.	What were's most important activities or duties on this job?	PGM 8 2310					
f.	How many hours per week did usually work at this business?	PGM 7 2312					
13.	Do you think that the gross earnings of this business will be \$1,000 or more during the next 12 months?	2314 1					
	Gross earnings include sales and receipts before expenses.						
CHE		2316 ₁ □ Yes — <i>SKIP to 17a</i> 2 □ No					
14.	What was the total number of employees working for this business? Be sure to include	2318 Employees					
	Enter 999 if more than 1,000 employees.	x1 □ DK					
15a.	Was's business incorporated?						
b.	Was 's business a sole proprietorship or a partnership?	2322 1 ☐ Sole proprietorship — SKIP to 17a 2 ☐ Partnership					
16a.	Aside from were any other members of this household owners or partners in this business?						
b.	Which members?	Person No. Name					
		2328					
17a.	Waspaid a regular salary from this business during the 4-month period?	2332					
b.	Did receive any (other) income from the business during this 4-month period?	2334 _{1 Yes}					
CHE		2336 1 Yes 2 No - SKIP to Check Item S11					

	Section 2 — EARNINGS AND Part B2 — SELF-EMPLOYMENT IDE			
18.	READ STATEMENT ONLY ONCE PER RESPONDENT.	TIFICA	ATTOWN HOWIBER 2 (COM	INTERVIEWER
	The next question is about the income	į		USE ONLY
	received from this business during the 4-month	1	LAST MONTH	\$\$
	period. We need the most accurate figures you can provide.	2338	\$. 00	\$\$
	What was the total amount of income that	2338	x3 None	\$00
	received from this business in (Read each month)?	1	x1 □ DK	s
	*		x2 Ref.	TOTAL \$.00
		<u> </u>		
		1 2	MONTHS AGO	\$00
		2340	\$. 00	s .00
		1	x3 None	\$.00
		1	x1 □ DK	s00
		1	x₂ ☐ Ref.	
		<u> </u>		TOTAL \$
		1	3 MONTHS AGO	\$.00
		2342	\$. 00	\$.00
		- 23421	x3 None	Y
		1	x1 □ DK	\$\$
			x2 🗆 Ref.	\$\$
		1		TOTAL \$00
		i	4 MONTHS AGO	
				\$\$
		2344	\$. [00]	\$\$
		1	x3 ☐ None x1 ☐ DK	\$\$
		1	x2 ☐ Ref.	\$\$
		1		TOTAL \$00
CHE	IS "DK" marked in all parts of item 18?	2346	1 ☐ Yes 2 ☐ No — SKIP to Check	Item S11
19.	If we were to call back later would you (or) be able to provide us with the amounts of	2348	1 Yes - Mark Reminde	
	income received in each of these months?	1	2 □ No	mary, Item 4b
	(Information about how much received each month is very important to the results of our			
CHE		2350	1 ☐ Yes — SKIP to to firs	t ISS Code or Check
ITE	Is this business incorporated?		Item P1, page	
		1	₂ □ No	
CHE	ride information about the fiet profit (of 1055)	2352	1 ☐ Yes — SKIP to to firs	
	for this business already been obtained by another household member?	!	Item P1, page 2 □ No	45
		2354		
2Va	. Can you give me an estimate of the net profit or loss, that is, the difference between gross	2004	1 ☐ Yes 2 ☐ No — <i>SKIP to first IS</i>	S Code or Check
	receipts and expenses for this business during the 4-month period?	1	Item P1, page 4	1 5
L	What was the pater of a series	<u>i</u>		
IJ	. What was the net profit or loss? If "broke even," mark \$1 in box.			SKIP to first ISS Code or
	Stoke over, mark y i in box.	2356	\$. 00	Check Item
		2358	x4 🗆 Loss in amount box	P1, page 45
21.	About how much did earn from this business	1)
	after expenses during the 4-month period?	2360	\$. 00	SKIP to first
		i i	x3 None	ISS Code or Check Item
		1	x1 □ DK x2 □ Ref.	P1, page 45
		J	A- L 1191.	,

	Section 3						
1 v · · ·	Part A — GENERAL /		(155 Cod	es 1 — 56)			
(Read name period. (Read ''wa:	received (was authorized to receive e of income type) during the 4-month s authorized to receive'' if asking	3000	Income cod	e	Name of i	ncome type	
about Food	Stamps — code 27.)						
CHECK ITEM A1 M	lark (X) income type code.	3002	2□ISS cc 3□ISS cc 4□ISS cc to Ch	ode 27 (Foo odes 37, 5 eck Item A	C) — <i>SKIP to</i> d Stamps) - 0, 51, 52, 5	- <i>SKIP to</i> 53, or 56 -	11a, page 2
ITEM A2	efer to cc item 27 a designated parent, or guardian children under age 18?	3004	1 ☐ Yes 2 ☐ No —	SKIP to Ci	heck Item A	.3	
payments	s 4-month period, were any separate from (Social Security/Railroad t) received especially for's childre	i .		SKIP to CI	heck Item A	3	
(himself/h	o receive a separate payment for erself) during any of these months?			SKIP to 9a	1		
	married?			SKIP to 5a	}		
Retiremen	eive (Social Security/Railroad t) jointly with's spouse?	3012	1 □ Yes 2 □ No −	SKIP to 5a	7		
by ite	as information about the amount received in the income source entered in the amount been 1 already been recorded during an terview for's spouse?	3014	1 □ Yes -	SKIP to n page 45	ext ISS Co	de or Chec	k Item P1,
(Read each NOTE — So payment pe as Unemplo Social Secu	eive any (Read name of income type) in month)? ome persons receive more than one er month for certain income types such byment Compensation and AFDC. urity and SSI payments may be adjusted a each January.				"Yes" answe amou before (include	ed each m in item 5 er by givir nt each m e any ded	onth marke a)? Please ig the tota ionth uctions ictions fo
(Last mon	th)		1□Yes 2□No x1□DK	3	\$ x1		. 00
(2 months	ago)	1	1□Yes 2□No x1□DK	3	\$ x1 x2		00
(3 months	ago)	į	1□Yes 2□No x1□DK	3	x1		00
(4 months	ago)	3028	1□Yes 2□No x1□DK	3	030 \$ ×1 ×2		. 00
CHECK ITEM A5	Mark (X) income type code.	3032	2∐ISS co 3∐All oti	ode 8 or 20 ner income	— SKIP to 8 0 through 2 2 codes — S tem P1, pag	4 SKIP to ne	at ISS
a. Were all the payments	ne people living here covered by's?	3034	1 ☐ Yes - 2 ☐ No	- SKIP to (Check Item	A6	
NOTES							

Section 3 — AMOUNTS (Continued)					
Part A — GENERAL AMOUNTS (ISS Codes 1 — 56) (Continued)					
6b. Which persons were covered?	Person No. Name				
	3036				
	3038				
	3040				
	3040				
	3042				
	3044				
	3046				
	3048				
	3050				
	3052				
	3054				
CHECK	3056				
ITEM A6 Is this ISS code "8"?	1 L Yes				
	2 □ No − SKIP to next ISS Code or Check Item P1, page 45				
7a. What type of Veterans' payments did receive?	3058 Service connected				
paymonts did 11.1000148:	1 ☐ Disability compensation				
	2 Survivor benefits				
	₃ □ Veterans' pension				
	4 ☐ Other Veterans' payments				
b. Is required to fill out an annual income	3060 1 Yes				
questionnaire in order to receive a VA pension?	SKIP to next ISS Code or				
	x1 DK Check Item P1, page 45				
(SHOW FLASHCARD O)	3064 1 ☐ Blue				
8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please	2☐ Buff				
look at this flashcard and tell me which color	3 ☐ Direct Deposit 4 ☐ Other				
envelope's check comes in. (Remember, we are interested in the color	x1□DK				
of the check.)					
b. Do 's payments usually come on the first of	3066 1 First				
the month or the third?	2 ☐ Third				
	3 ☐ Other 21 ☐ DK				
CHECK	3068				
Refer to item 2, page 22. Were (Social Security/Railroad Retirement)	ı□Yes				
payments received especially for 's children?	2 □ No − SKIP to next ISS Code or Check Item P1, page 45				
	, , , , , , , , , , , , , , , , , , ,				
9a. Were (Social Security/Railroad Retirement) payments received for 's children in (Read each month)?	9b. If "Yes" in item 9a — How much was received?				
NOTE — Social Security payments may be adjusted					
for inflation each January.	3070 1 Yes 3072 \$.00				
(Last month)	2 No X1 DK				
	x1 □ DK x2 □ Ref.				
(2 months ago)	3074 1 Yes 3076 \$. 00				
	2 □ No				
	x1□DK x2□Ref.				
(3 months ago)	3078 1 Yes 3080 \$.00				
	2 □ No				
	AZUREI.				
// mantha assa	3082 1 Yes 3084 \$				
(4 months ago)	3082 1 ☐ Yes 3084 \$				
	x₁ □ DK				
VERIFY IF ONLY ONE CHILD OR ASK —	3086 1 Yes − SKIP to next ISS Code or				
10a. Were all children living here covered by these	Check Item P1, page 45				
payments?	2 □ No				

	Section 3 — AMC	DUNTS	S (Continued)
	Part A — GENERAL AMOUNTS	s (ISS C	Codes 1 – 56) (Continued)
10b.	Which children were covered?	 	Person No. Name
		3088	
		3090	
		3092	
		3094	
		3096	
		3098	
	SKIP to next ISS Code of	or Check	k Item P1, page 45
11a.	Were all the people living here covered under	3100	1 1 100 01111 10 120
	's food stamp allotment?	 	2 No Person No. Name
b.	Which persons were covered?	3102	
		3104	
		3106	
		3108	
		3110	
		3112	
		3114	
12-		3116	
1 Z a.	Didreceive food stamps in (Read each month)? NOTE: Food stamp benefits may be adjusted for		12b. If "Yes" in item 12a, ask — What was the total amount?
	inflation in July and October.	1	
	(Last month)	3122	10 Yes
]	2 □ No
	(2 months ago)	3126	· (C) (es
		1	2 □ No
		-	AZZINET.
	(3 months ago)	3130	1 Yes 3132 \$. 00
		İ	2 ☐ No
		 	X1 DK X2 Ref.
	(4 months ago)	3134	1 Yes 3136 \$. 00
		1	2□ No
			x1□ DK x2□ Ref.
12-	SKIP to next ISS Code of	3138	k Item P1, page 45 1 ☐ Last month
138.	Did receive any WIC benefits in (Read each month)?	3140	2 🗌 2 months ago
	Mark (X) all that apply.	3142 3144	3 ☐ 3 months ago 4 ☐ 4 months ago
b.	Which persons were covered?	1	Person No. Name
		3146	
		3148	
		3150	
		3152	
		3154	
	SKIP to next ISS Code of	or Check	k Item P1, page 45

	Section 3 — AMOUNTS									
		Part A — Gi	ENERAL AMO	UNTS	(ISS Cod	les 1 — 5	6)			
1.	(Read name period. (Read "was	. received (was authorize do of income type) during the 4 authorized to receive" if aski Stamps — code 27.)	-month	3200	Income code	e	Na	ame of income typ	oe	
CHE	ECK M A1	Mark (X) income type code.	 	3202	3□ISS co 4□ISS co	de 25 (W de 27 (F des 37, eck Item	VIC) — 3 ood Sta 50, 51 A4	SKIP to 13a, pa Imps) — SKIP t , 52, 53, or 56	o 11a,	page 27
CHE	MA2	Refer to cc item 27. ls a designated parent, or of children under age 18?	guardian		1 □ Yes 2 □ No −	SKIP to	Check	Item A3		
2.	payments f	4-month period, were any rom (Social Security/Railro) received especially for	ad		¹ □Yes ² □ No —	SKIP to	Check	Item A3		
	(himself/he	receive a separate paymer rself) during any of these m	nt for nonths?		1 □ Yes 2 □ No −	SKIP to	9a			
CHE		ls married?			1 ☐ Yes 2 ☐ No —	SKIP to	5a			
4.	Did rec Retirement	eive (Social Security/Railro) jointly with 's spouse?	ad		1 □ Yes 2 □ No −	SKIP to	5a		,	
CHE	M A4	Has information about the am by from the income sourc item 1 already been recorded interview for's spouse?	e entered in		ı □Yes — ₂ □No	SKIP to page 4		SS Code or Ch	eck It	em P1,
Ja.	(Read each NOTE — So payment pe as Unemplo Social Secu	eive any (Read name of incommonth)? me persons receive more than a month for certain income type and Compensation and AF rity and SSI payments may be each January.	one pes such DC.				i : :	How much di in (Read each "Yes" in item answer by giv amount each before any de (including de Medicare pre	monti 5a)? I ring ti mon ducti ducti	n marked Please he total th ions ons for
	(Last mont	h)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		1□Yes 2□No (1□DK			\$ x1 □ DK x2 □ Ref.].[00
	(2 months a	ago)			1□Yes 2□No 1□DK			\$ x1].[00
	(3 months a	ago)	<u>(</u>		1□Yes 2□No 1□DK			\$ x1].[00
		ago)	 	×	1⊡Yes 2⊡No 11⊡DK			\$ x1].[00
CHE	ECK M A5	Mark (X) income type code.		3232	ı⊟ISS co ₂⊟ISS co ₃⊟All oth Code d	de 8 or : er incon	20 thro ne code		ext IS	S
6a.	Were all the payments?	people living here covered	by's		1 □ Yes 2 □ No	SKIP to	Check	Item A6		
пот	ES									

Section 3 — AMOU	NTS	(Continued)
Part A — GENERAL AMOUNTS (ISS C	odes 1 – 56) (Continued)
6b. Which persons were covered?	1	Person No. Name
	3236	
	3238	
	3240	
	3242	
	3244]
	3246	
	3248	
	3250	
	3252]
	3254	
CHECK ITEM A6 Is this ISS code ''8''?	3256	I □ Yes
is this iss code or		² □ No − SKIP to next ISS Code or Check Item P1, page 45
7a. What type of Veterans' payments did receive?	3258	Service connected
	!	□ Disability compensation
	 	2☐ Survivor benefits 3☐ Veterans' pension
	i I	4☐ Other Veterans' payments
b. Is required to fill out an annual income	3260	CVID to mout ISS Code or
questionnaire in order to receive a VA pension?	1	2 No X1 DK SKIP to next 155 Code or Check Item P1, page 45
(SHOW FLASHCARD O)	3264	
8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please	[]	2 ☐ Buff
look at this flashcard and tell me which color	1	3 ☐ Direct Deposit 4 ☐ Other
envelope's check comes in. (Remember, we are interested in the color of the envelope, not the color	i 1 .	x1□DK
of the check.)	3266	1 ☐ First
b. Do 's payments usually come on the first of the month or the third?] 	2☐ Third
	l !	3 ☐ Other x1 ☐ D K
CHECK Refer to item 2, page 25.	3268	
Were (Social Security/Railroad Retirement) payments received especially for 's children?	i I	1
paymonts received especially for 3 childrens	 	Check Item P1, page 45
9a. Were (Social Security/Railroad Retirement) payments received for's children in (Read each month)?	: : !	9b. If "Yes" in item 9a — How much was received?
NOTE — Social Security payments may be adjusted for	 	
inflation each January. (Last month)	3270	
	} 	2 □ No
	<u> </u>	
(2 months ago)	3274	
	!	2 □ No
(3 months ago)	3278	
	 	2 □ No
(4 months ago)	3282	
) 	2 □ No
VERIFY IF ONLY ONE CHILD OR ASK —	3286	
10a. Were all children living here covered by these payments?		Check Item P1, page 45

Section 3 — AM	OUNTS	(Continu	ed)
Part A — GENERAL AMOUNT	S (ISS C	odes 1 – 56	(Continued)
10b. Which children were covered?		Person No.	Name
	3288		
	3290		
	3292		
	3294		
	3296		1
SKIP to next ISS Code	3298	Item P1 n	ana 45
M. M	3300		- SKIP to 12a
11a. Were all the people living here covered under's food stamp allotment?		2 🗌 No	
b. Which persons were covered?	3302	Person No.	Name
]
	3304		1
	3306		7
	3308		
	3310		
	3312		
	3314		
	3316		
12a. Did receive food stamps in (Read each month)?			12b. If "Yes" in item 12a, ask —
NOTE: Food stamp benefits may be adjusted for	į		What was the total amount?
inflation in July and October.	3322		3324 \$. 00
(Last month)	JULE	ı□ Yes 2□ No	x₁□ DK
		x1□ DK	x2□ Ref.
(2 months ago)	3326	ı□ Yes	3328 \$ 00
-	ľ	2 No	x1□ DK
	<u> </u>	x1□ DK	x2 Ref.
(3 months ago)	3330	₁□ Yes	3332 \$ 00
	-	2□ No	×1□ DK
· • · · · · · · · · · · · · · · · · · ·	1	x1□ DK	x2□ Ref.
(4 months ago)	3334	₁□ Yes	3336 \$. 00
		2□ No	x1□DK
	<u>i</u>	x1□ DK	x2□ Ref.
SKIP to next ISS Code			
13a. Did receive any WIC benefits in (Read each month)?	3338	1 🗌 Last n	
Mark (X) all that apply.	3342 3344	з 🗌 3 mor	nths ago
L		4 4 mor	Name
b. Which persons were covered?	3346		Touris .
	3348		
	3350]
	3352		
SKIP to part ISS Code	3354	160- 26	45

	Section	3 – AMOUNTS	
	Part A — GENE	AL AMOUNTS (ISS Codes 1—56)	
1.	You said received (was authorized to re (Read name of income type) during the 4-mo period.		type
_	(Read ''was authorized to receive'' if asking about Food Stamps — code 27.)		
	Mark (X) income type code.	1☐ ISS code 1 or 2 (SS or RR) 2☐ ISS code 25 (WIC) — <i>SKIP to 13a</i> , 3☐ ISS code 27 (Food Stamps) — <i>SKI</i> 4☐ ISS codes 37, 50, 51, 52, 53, or to Check Item A4 5☐ Other ISS codes — <i>SKIP to 5a</i>	P to 11a, page 30
	Refer to cc item 27. Is a designated parent, or guar of children under age 18?	an 2 □ No − SKIP to Check Item A3	
2.	During this 4-month period, were any sepa payments from (Social Security/Railroad Retirement) received especially for's ch	2 No − SKIP to Check Item A3	
3.	Did also receive a separate payment for (himself/herself) during any of these mont	3408	
	ECK M A3 Is married?	3410 1 ☐ Yes 2 ☐ No — <i>SKIP to 5a</i>	
4.	Did receive (Social Security/Railroad Retirement) jointly with's spouse?		
	Has information about the amount by from the income source entitem 1 already been recorded during interview for 's spouse?	ed in page 45	Check Item P1,
ba.	NOTE — Some persons receive more than one payment per month for certain income types s as Unemployment Compensation and AFDC. Social Security and SSI payments may be adjutor inflation each January.	in (Read ea ''Yes'' in its answer by amount ea before any (including	ch month marked em 5a)? Please giving the total
	(Last month)	3416 1 ☐ Yes 3418 \$ 2 ☐ No x1 ☐ DK x2 ☐ Ref.	. 00
	(2 months ago)	3420 1 ☐ Yes 3422 \$ 2 ☐ No	. 00
	(3 months ago)	3424 1	. 00
	(4 months ago)	3428 1	. 00
	ECK M A5 Mark (X) income type code.	a432 1☐ ISS code 1 or 2 — SKIP to 8a 2☐ ISS code 8 or 20 through 24 3☐ All other income codes — SKIP to Code or Check Item P1, page 45	
6a.	Were all the people living here covered by . payments?	's 3434 1 ☐ Yes — SKIP to Check Item A6 2 ☐ No	
NOT	ES		

Section 3 — AMOU	NTS ((Contir	nuec	1)
Part A — GENERAL AMOUNTS (ISS Co	des 1 —	56) ((Continued)
6b. Which persons were covered?	1	Person No).	Name
	3436			
	3438			
	3440			
	3442			
·	3444			
	3446			
	3448			
	3450			
	3452			
	3454			
CHECK ITEM A6 Is this ISS code "8"?	3456	ı □ Ye	_	
		2 🗌 No		SKIP to next ISS Code or Check Item P1, page 45
78. What type of Veterans' payments did receive?	3458	Service	e cor	nnected
· · ·	 	_		bility compensation ivor benefits
	 			rans' pension
·	1	4□ Ot	her \	/eterans' payments
b. Is required to fill out an annual income	3460	1□Ye		SKIP to next ISS Code or
questionnaire in order to receive a VA pension?	1	2 □ N c x1 □ D l	_	Check Item P1, page 45
(SHOW FLASHCARD O)	3464	ı 🗆 Blu		
8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please	i i	2 ☐ Bu 3 ☐ Dia		Deposit
look at this flashcard and tell me which color envelope's check comes in. (Remember, we are	1	4□ Ot	her	
interested in the color of the envelope, not the color of the check.)	! !	x1□DH	<	
b. Do's payments usually come on the first of	3466			
the month or the third?		2 □ Th 3 □ Ot		
	 	x₁□ Di		
CHECK ITEM A7 Refer to item 2, page 28.	3468	1□ Ye	es	
Were (Social Security/Railroad Retirement) payments received especially for 's children?	 	2 🗆 No		SKIP to next ISS Code or Check Item P1, page 45
	<u> </u>			9b. If "Yes" in item 9a — How
9a. Were (Social Security/Railroad Retirement) payments received for's children in (Read each month)?	;1 			much was received?
NOTE — Social Security payments may be adjusted for inflation each January.	<u></u>			
(Last month)	3470	1 □ Ye 2 □ No		3472 \$ x1 □ DK
		x1 D		x2□ Ref.
				3476 \$ 00
(2 months ago)	3474	1 □ Ye 2 □ No		3476 \$. 00 x1 □ DK
	i	x1 D		x2□ Ref.
				3480 \$
(3 months ago)	3478	1 □ Ye 2 □ No		3480
	<u> </u>	x1 □ Di		x2 ☐ Ref.
				3484 \$ 00
(4 months ago)	3482	1 □ Ye 2 □ No		3484 \$. 00 x₁ □ DK
		x1 D		x₁ □ D R x2 □ Ref.
VERIFY IF ONLY ONE CHILD OR ASK —	3486	1□ Ye	s —	SKIP to next ISS Code or
10a. Were all children living here covered by these payments?	į	2 □ N 0	o	Check Item P1, page 45

Part A - GENERAL AMOUNTS (ISS Codes 1 - 56) (Continued) 10b. Which children were covered?
3490 3490 3492 3494 3496 3498
SKIP to next ISS Code or Check Item P1, page 45 11a. Were all the people living here covered under's food stamp allotment? b. Which persons were covered? 3490
SKIP to next ISS Code or Check Item P1, page 45 11a. Were all the people living here covered under's food stamp allotment? b. Which persons were covered? SKIP to next ISS Code or Check Item P1, page 45 1 yes — SKIP to 12a 2 No Person No. Name 3502 3504 3508 3508
SKIP to next ISS Code or Check Item P1, page 45 11a. Were all the people living here covered under's food stamp allotment? b. Which persons were covered? 3500 Person No. Name 3502 3504 3506 3508
SKIP to next ISS Code or Check Item P1, page 45 11a. Were all the people living here covered under's food stamp allotment? b. Which persons were covered? 3500 Person No. Name 3502 3504 3506 3508
SKIP to next ISS Code or Check Item P1, page 45 11a. Were all the people living here covered under's food stamp allotment? b. Which persons were covered? 3498
SKIP to next ISS Code or Check Item P1, page 45 11a. Were all the people living here covered under's food stamp allotment? b. Which persons were covered? SKIP to next ISS Code or Check Item P1, page 45 3500
SKIP to next ISS Code or Check Item P1, page 45 11a. Were all the people living here covered under's food stamp allotment? b. Which persons were covered? SKIP to next ISS Code or Check Item P1, page 45 1
1 1 a. Were all the people living here covered under's food stamp allotment? b. Which persons were covered? 3500 Yes - SKIP to 12a No Name N
's food stamp allotment? D. Which persons were covered? Solution Person No. Name
b. Which persons were covered? Person No. Name 3502 3504 3508 3510
3504 3506 3508
3506
3508
3508
3510
3512
3514
12a. Did receive food stamps in (Read each month)? 12b. If "Yes" in item 12a, ask —
12a. Did receive food stamps in (Read each month)? NOTE: Food stamp benefits may be adjusted for What was the total amour
inflation July and October.
(Last month)
2 □ No
(2 months ago)
2 □ No
(3 months ago)
2 □ No
(4 months ago)
2 □ No
SKIP to next ISS Code or Check Item P1, page 45
13a. Did receive any WIC benefits in (Read each
month)? Mark (X) all that apply 3542 3 3 3 months ago
4 ☐ 4 months ago
D. Which persons were covered?
3546
3548
3550
3552
SKIP to next ISS Code or Check Item P1, page 45

	Section 3 — AMOUNTS							
	Part A — GENERAL A	MOUNTS	(ISS Code	s 1 – 56)				
1.	You said received (was authorized to receive) (Read name of income type) during the 4-month period. (Read "was authorized to receive" if asking about Food Stamps — code 27.)	3600	Income code	Na	ame of income type	·····		
CHECK ITEM A1 1 □ ISS code 1 or 2 (SS or RR) Mark (X) income type code. 2 □ ISS code 25 (WIC) − SKIP to 13a, page 3 □ ISS code 27 (Food Stamps) − SKIP to 3 to Check Item A4 5 □ Other ISS codes − SKIP to 5a						a, page 33		
	Refer to cc item 27. Is a designated parent, or guardian of children under age 18?	3604		SKIP to Check	Item A3			
2.	During this 4-month period, were any separate payments from (Social Security/Railroad Retirement) received especially for's children	• {		SKIP to Check	Item A3			
3.	Did also receive a separate payment for (himself/herself) during any of these months?		1 □ Yes 2 □ No − S	SKIP to 9a				
	ECK M A3 Is married?	3610	1 □ Yes 2 □ No − S	SKIP to 5a				
4.	Did receive (Social Security/Railroad Retirement) jointly with 's spouse?	3612	1 □ Yes 2 □ No − S	SKIP to 5a				
	Has information about the amount receiv by from the income source entered in item 1 already been recorded during an interview for 's spouse?	3614	1 □ Yes − 2 □ No	SKIP to next I page 45	SS Code or Check	Item P1,		
sa.	Did receive any (Read name of income type) in (Read each month)? NOTE — Some persons receive more than one payment per month for certain income types such as Unemployment Compensation and AFDC. Social Security and SSI payments may be adjusted for inflation each January.				How much did in (Read each mon ''Yes'' in item 5a)i answer by giving amount each mo before any deductincluding deductincluding deductincluding	th marked Please the total nth ctions tions for		
	(Last month)	3616	1□Yes 2□No x1□DK	3618	\$	00		
	(2 months ago)	3620	1□Yes 2□No x1□DK	3622	\$ DK Ref.	00		
	(3 months ago)	3624	1□Yes 2□No x1□DK	3626	\$	00		
) ((4 months ago)	3628	1□Yes 2□No x1□DK	3630	\$ x1□ DK x2□ Ref.	00		
	Mark (X) income type code.	3632	2☐ISS coo	de 1 or 2 — Sh de 8 or 20 thro er income cod or Check Item	ough 24 es — <i>SKIP to next</i>	ISS		
6a.	Were all the people living here covered by's payments?	3634	1 ☐ Yes — 2 ☐ No	SKIP to Chec	k Item A6			
NOT	ES							

Section 3 — AMOUNTS (Continued)						
Part A — GENERAL AMOUNTS (ISS Co	des	1-5	6) (Continued)	
6b. Which persons were covered?	 	Person	n No.		Name	
	3636					
	3638					
	3640					
	3642					
	3644					
	3646		i I			
	3648					
	3650					_
	3652	<u> </u>				
СНЕСК	3654			ļ		_
ITEM A6 Is this ISS code "8"?	3656] Yes] No	_ s	KIP to next ISS Code or Check Item P1, page 45	
7a. What type of Veterans' payments did receive?	3658	Ser	vice	con	nected	
	!				oility compensation vor benefits	
					rans' pension	
	<u> </u>	4	Oth	er V	eterans' payments	
b. Is required to fill out an annual income	3660		Yes	1	SKIP to next ISS Code or	
questionnaire in order to receive a VA pension?			No DK	•	Check Item P1, page 45	
(SHOW FLASHCARD O) 8a. (Social Security/Railroad Retirement) sends out	3664	• '=	Blue			
checks in two different colored envelopes. Please look at this flashcard and tell me which color					Deposit	
envelope's check comes in. (Remember, we are interested in the color of the envelope, not the color] Oth] D K	er		
of the check.)	\ \ 					
b. Do's payments usually come on the first of the month or the third?	3666		Firs Thir			
	!	з□	Oth			
CHECK	3668		DK			
Refer to item 2, page 31. Were (Social Security/Railroad Retirement)			Yes No		KIP to next ISS Code or	
payments received especially for 's children?	?i <u> </u>				heck Item P1, page 45	
9a. Were (Social Security/Railroad Retirement) payments received for's children in (Read each month)?) } 				9b. If "Yes" in item 9a — How much was received?	
NOTE — Social Security payments may be adjusted	1					
for inflation each January. (Last month)	3670		Yes	i	3672 \$. 00	
	<u> </u> 	2 L X1 L	No DK		x1 □ D K x2 □ Ref.	
(2 months ago)	3674		Yes	;	3676 \$. 00	
	1		No DK		x1 □ D K x2 □ Ref.	
(3 months ago)	3678		Yes	;	3680 \$. 00	
	1]No]DK		x1□DK x2□Ref.	
(4 months ago)	3682] Yes] No	;	3684 \$. 00 x₁ □ DK	
	i		DK		x1 □ D K x2 □ Ref.	
VERIFY IF ONLY ONE CHILD OR ASK —	3686	1	Yes		SKIP to next ISS Code or	
10a. Were all children living here covered by these payments?		2	No		Check Item P1, page 45	

	Section 3 — AMC	DUNTS	(Continu	ed)
	Part A — GENERAL AMOUNTS	s (ISS C	odes 1 – 56) (Continued)
10b.	Which children were covered?	1	Person No.	Name
		3688		
		0000		7
		3690		1
		3692		
		3694]
		0004		7
		3696		
		3698		
_	SKIP to next ISS Code of		itom P1 n	ago AE
11a	Were all the people living here covered under	3700		- SKIP to 12a
ııa.	's food stamp allotment?		2 No	- SKIF LU 12a
h	Which persons were covered?		Person No.	Name
	William bersons were covered:	3702		
		3704		
		3706		
]
		3708		
		3710		
		3712		
		3714		
		0740]
120	B:1	3716		
ıza.	Did receive food stamps in (Read each month)?	1		12b. If "Yes" in item 12a, ask — What was the total amount?
	NOTE: Food stamp benefits may be adjusted for inflation in July and October.	i I		What was the total amount:
	(Last month)	3722	ı□ Yes	3724 \$. 00
			1□ Yes 2□ No	×1□DK
		<u> </u>	x1□ DK	x2□ Ref.
	(0)	<u></u>		
	(2 months ago)	3726	1 Yes	3728 \$. 00
		į	2□ No x1□ DK	x1□ DK x2□ Ref.
				AZD Net.
	(3 months ago)	3730		3732 \$ 00
			₁☐ Yes ₂☐ No	x₁□ DK
		 	x1□ DK	x2□ Ref.
	(4 months ago)	3734	ı□ Yes	3736 \$. 00
		i I	2 No	x1□ DK
		İ	x1□ DK	x2□ Ref.
40-	SKIP to next ISS Code o	r Check 3738		
13a.	Did receive any WIC benefits in (Read each month)?	3740	ı ☐ Last m 2 ☐ 2 mon	
	Mark (X) all that apply.	3742	з 🗌 3 mon	ths ago
_		3744	4 🗌 4 mon	
b.	Which persons were covered?		Person No.	Name
		3746		
		3748		
		3750		
		3752		
		3754		
	SKIP to next ISS Code o		Item P1 no	000 45

		Section	3 — AM	OUNTS		
		Part A — GENERA	L AMOUNTS	(ISS Codes 1	-56)	
1.	(Read name of inco period.	ived (was authorized to rece ome type) during the 4-mont	nive) h	Income code	Name of incom	e type
	about Food Stamp	orized to receive'' if asking os — code 27.)				
	ECK M A1 Mark	(X) income type code.	3802	3□ISS code 27 4□ISS codes 3 to Check Ite	(WIC) — SKIP to 13a (Food Stamps) — Sk 37, 50, 51, 52, 53, c	(IP to 11a, page 36
	M A2 ls	to cc item 27. a designated parent, or guardia dren under age 18?	3804 an	1 □ Yes 2 □ No − SKIP	to Check Item A3	
2.	payments from (nth period, were any separa Social Security/Railroad ived especially for's child	dren?		to Check Item A3	
3.	Did also rece (himself/herself)	ive a separate payment for during any of these months		¹ ☐ Yes ₂ ☐ No — <i>SKIP</i>	to 9a	
	MA3 Is	married?	3810	¹ □ Yes ₂ □ No − <i>SKIP</i>	to 5a	
4.	Did receive (S Retirement) joint	Social Security/Railroad ly with's spouse?	3812	1 ☐ Yes 2 ☐ No — SKIP	to 5a	
	M A4 by item 1	formation about the amount re from the income source entere already been recorded during ew for 's spouse?	ed in	1 □ Yes <i>— SKIF</i> page 2 □ No	? to next ISS Code of e 45	Check Item P1,
Sa.	NOTE — Some pe payment per mont as Unemployment	rsons receive more than one h for certain income types suc Compensation and AFDC. d SSI payments may be adjust	h		in (Read ea ''Yes'' in it answer be amount ea before an (including	h did receive ach month marked tem 5a)? Please giving the total ach month y deductions for premiums).
	(Last month)		i	ı⊟Yes 2□No xı□DK	3818 \$ x1 \(\triangle DK \) x2 \(\triangle Ref. \)	. 00
	(2 months ago) .		1	1□Yes 2□No x1□DK	3822 \$ x1 □ DK x2 □ Ref.	. 00
	(3 months ago) .		1	1□Yes 2□No x1□DK	3826 \$ x1 □ DK x2 □ Ref.	. 00
	(4 months ago) .		 	1□Yes 2□No x1□DK	3830 \$ x1 □ DK x2 □ Ref.	. 00
	ECK M A5 Mark	(X) income type code.	3832	2☐ ISS code 8 c 3☐ All other inc	or 2 — SKIP to 8a or 20 through 24 come codes — SKIP eck Item P1, page 4	
6a.	Were all the peop payments?	le living here covered by	's 3834	1 □ Yes — <i>SKIP</i> 2 □ No	to Check Item A6	
NOT	ES					

Section 3 — AMOU	INTS (Continued)
Part A — GENERAL AMOUNTS (ISS Codes 1 – 56) (Continued)
6b. Which persons were covered?	Person No. Name
	3836
	3838
	3840
	3842
	3844
	3846
	3848
	3850
	3852
СНЕСК	3854
ITEM A6 Is this ISS code "8"?	1 ☐ Yes 2 ☐ No — SKIP to next ISS Code or Check Item P1, page 45
7a. What type of Veterans' payments did receive?	Service connected
	1 ☐ Disability compensation 2 ☐ Survivor benefits
	3□ Veterans' pension
	4□ Other Veterans' payments
b. Is required to fill out an annual income questionnaire in order to receive a VA pension?	3860 1 Yes 2 No x1 DK SKIP to next ISS Code or Check Item P1, page 45
(SHOW FLASHCARD O) 8a. (Social Security/Railroad Retirement) sends out checks in two different colored envelopes. Please look at this flashcard and tell me which color envelope's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)	1 Blue 2 Buff 3 Direct Deposit 4 Other x1 DK
b. Do's payments usually come on the first of the month or the third?	3866 1 ☐ First 2 ☐ Third 3 ☐ Other x1 ☐ DK
CHECK ITEM A7 Refer to item 2, page 34. Were (Social Security/Railroad Retirement) payments received especially for 's children?	3868 1 ☐ Yes 2 ☐ No — SKIP to pext ISS Code or
9a. Were (Social Security/Railroad Retirement) payments received for 's children in (Read each month)?	
NOTE — Social Security payments may be adjusted	much was received?
for inflation each January. (Last month)	3870 1
(2 months ago)	3874 1 Yes 3876 \$.00 2 No
(3 months ago)	3878 1 Yes 3880 \$.00 2 No
(4 months ago)	3882 1 Yes 3884 \$.00 2 No
VERIFY IF ONLY ONE CHILD OR ASK —	3886 1 Yes − SKIP to next ISS Code or
10a. Were all children living here covered by these payments?	Check Item P1, page 45 2□ No

	Section 3 — AMC	DUNTS	(Continu	ed)
	Part A — GENERAL AMOUNTS	s (ISS C	odes 1 – 56) (Continued)
10b.	Which children were covered?		Person No.	Name
		3888		
		3890		7
				7
		3892		
		3894		
		3896		
]
	OVID.	3898		
110	SKIP to next ISS Code of	3900		age 45 - SKIP to 12a
ııa.	Were all the people living here covered under's food stamp allotment?		1 ☐ Yes — 2 ☐ No	- SKIP to 12a
h.	Which persons were covered?		Person No.	Name
υ.	willow persons were covered:	3902		A A A A A A A A A A A A A A A A A A A
		3904		
		3906]
				7
		3908		
		3910		
		3912		
		3914]
		3914		<u> </u>
		3916		
12a.	Did receive food stamps in (Read each month)?			12b. If "Yes" in item 12a, ask — What was the total amount?
	NOTE: Food stamp benefits may be adjusted for inflation in July and October.	i		what was the total amounts
	(Last month)	3922	₁□ Yes	3924 \$. 00
		1	2 🗌 No	x1□ DK
		<u>i</u>	x1□ DK	x2□ Ref.
	(2 months ago)	3926	₁□ Yes	3928 \$. 00
			1 □ Yes 2 □ No	x₁□ DK
		i I	x1□ DK	x2□ Ref.
	(0)			3932 \$. 00
	(3 months ago)	3930	ı□ Yes ₂□ No	3932 \$. 00 x₁□ DK
		İ İ	2□ NO x1□ DK	x1□ DK x2□ Ref.
				
	(4 months ago)	3934	₁□ Yes	3936 \$. 00
		i 	2□ No x1□ DK	x₁□ DK x2□ Ref.
	SKIP to next ISS Code o	- Chook		
132	Did receive any WIC benefits in (Read each	3938	ı ☐ Last n	·····
. oa.	month)?	3940	2 🗌 2 mon	iths ago
	Mark (X) all that apply.	3942 3944	3 ☐ 3 mon 4 ☐ 4 mon	
b.	Which persons were covered?]	Person No.	Name
		3946		
		2040]
		3948		1
		3950		
		3952		
	SKIP to next ISS Code o	3954	<u> </u>	

	Section 3 — AMOUNTS									
		Part A — GENE	RAL AMO	UNTS	(ISS Cod	les 1 — 5	56)			
1.	(Read nam period. (Read ''wa	received (was authorized to re e of income type) during the 4-mo as authorized to receive" if asking d Stamps — code 27.)		4000	Income cod	e	Na	ame of income t	ype	
	ECK M A1	Mark (X) income type code.		4002	3□ISS co 4□ISS co	ode 25 (V ode 27 (F odes 37, eck Item	VIC) — 3 ood Sta 50, 51 0 A4	SKIP to 13a, p mps) — SKIP , 52, 53, or !	to 11a,	page 39
	ECK M A2	Refer to cc item 27. Is a designated parent, or guar of children under age 18?			1 □ Yes 2 □ No −	SKIP to	Check	Item A3		
2.	payments	is 4-month period, were any sepa from (Social Security/Railroad nt) received especially for's cl	1		1 □ Yes 2 □ No —	SKIP to	Check	Item A3		
3.	Did als (himself/h	so receive a separate payment for terself) during any of these mont	r hs?		1 □ Yes 2 □ No —	SKIP to	9a			-
	ECK M A3	ls married?			1 □ Yes 2 □ No —	SKIP to	5a			
	Retireme	ceive (Social Security/Railroad nt) jointly with's spouse?	 		1 □ Yes 2 □ No —	SKIP to	5a			
	ECK M A4	Has information about the amount by from the income source entitem 1 already been recorded during interview for 's spouse?	tered in 📑		1 □ Yes − 2 □ No	SKIP to page 4		SS Code or C	heck It	em P1,
5a.	(Read each NOTE — S payment p as Unempl Social Sec	ceive any (Read name of income ty, in month)? ome persons receive more than one ier month for certain income types s oyment Compensation and AFDC. urity and SSI payments may be adjunt in each January.	such					How much on (Read eac. "Yes" in iter answer by g amount eac before any o including d Medicare po	h month n 5a)? I iving tl h mont leducti eductio	marked Please ne total th ons ons for
	(Last mor	nth)	 		1□Yes 2□No <1□DK		4018	\$ x1 \[DK x2 \[Ref.].[00
	(2 months	ago)			1□Yes 2□No <1□DK		4022	\$ x1		00
	(3 months	ago)	 		1☐Yes 2☐No <1☐DK		4026	\$ x1 □ DK x2 □ Ref.		00
	(4 months	ago)			1□Yes 2□No (1□DK		4030	\$ x1].[00
	ECK M A5	Mark (X) income type code.		4032	Code	ode 8 or ner incor or Chec	20 thro ne code k Item f	ugh 24 es — <i>SKIP to</i> 21, page 45	next IS	s
6a.	Were all t payments	he people living here covered by .?	's		1 □ Yes – 2 □ No	- SKIP to	Check	Item A6		
NOT	ES									

Section 3 — AMOU	NTS (Cor	tinue	d)
Part A — GENERAL AMOUNTS	ISS Codes	1 — 56)	(Continued)
6b. Which persons were covered?	Persor	n No.	Name* 1 had a late of the second of the seco
	4036		
	4038		
	4040		,
	4042		
	4044		
	4046		
	4048		
	4050		
	4052		
	4054		
CHECK	4050	Yes	
ITEM A6 Is this ISS code "8"?		No - 5	SKIP to next ISS Code or Check Item P1, page 45
7a. What type of Veterans' payments did receive?	4058 Ser	vice cor	nnected
			bility compensation ivor benefits
	3	☐ Vete	rans' pension
			Veterans' payments
b. Is required to fill out an annual income questionnaire in order to receive a VA pension?		Yes No DK	SKIP to next ISS Code or Check Item P1, page 45
(SHOW FLASHCARD 0) 8a. (Social Security/Railroad Retirement) sends out		Blue	
checks in two different colored envelopes. Please look at this flashcard and tell me which color	3□		Deposit
envelope 's check comes in. (Remember, we are interested in the color of the envelope, not the color of the check.)	4∐ x1□	Other DK	
b. Do 's payments usually come on the first of		First	
the month or the third?		Third Other	
	x1 🗆		
CHECK ITEM A7 Refer to item 2, page 37.	_	Yes	
Were (Social Security/Railroad Retirement) payments received especially for 's children?	2		SKIP to next ISS Code or Check Item P1, page 45
9a. Were (Social Security/Railroad Retirement) payments received for 's children in (Read each month)?			9b. If "Yes" in item 9a — How much was received?
NOTE — Social Security payments may be adjusted for inflation each January.			
(Last month)	4070 1 ☐ 2 ☐	Yes	4072 \$ x1□DK
	x1 🗆		x2 ☐ Ref.
	4074		4076 \$ 00
(2 months ago)	2□		x1 □ DK
	x1 🗆	DK	x2 ☐ Ref.
(3 months ago)	4078 ₁□	Yes	4080 \$ 00
	2	No	x1 □ D K x2 □ Ref.
		<u> </u>	
(4 months ago)		Yes	4084 \$.00
	2□ x1□		x1 □ D K x2 □ Ref.
VERIFY IF ONLY ONE CHILD OR ASK —	4086 ₁		SKIP to next ISS Code or
10a. Were all children living here covered by these payments?	2□	No	Check Item P1, page 45

	Section 3 — AMC				
	Part A — GENERAL AMOUNTS	(ISS C	odes 1 –	56)	(Continued)
10b.	Which children were covered?	1	Person	No.	Name
		4088			
		4090			
		4092			
		4094			
		4096			
		4098]
	SKIP to next ISS Code o	r Check	Item P1	l, pa	age 45
11a.	Were all the people living here covered under	4100			SKIP to 12a
	's food stamp allotment?		2 No		Name
b.	Which persons were covered?	4102			
		4104			
		4106			
		4108			
		4110			
		4112			
		4114			
		4116			
12a.	Did receive food stamps in (Read each month)?	1			12b. If "Yes" in item 12a, ask —
	NOTE: Food stamp benefits may be adjusted for inflation in July and October.	1			What was the total amount?
	(Last month)	4122	ı⊓ Ye		4124 \$. 00
		1	2 🗆 N C		x1□ DK
		1	x1 D		x2□ Ref.
	(2 months ago)	4126	ı□ Ye	s	4128 \$. 00
]	2 □ N C)	x1□DK x2□Ref.
			x1 D b		x2∟ Hef.
	(3 months ago)	4130	ı□ Ye	s	4132 \$. 00
			2□ No x1□ Dk		x₁□ DK x2□ Ref.
		<u></u>			
	(4 months ago)	4134	ı ı□ Ye	s	4136 \$. 00
		1	2□ No x1□ Dk		x1□ DK x2□ Ref.
	SKIP to next ISS Code o	r Check			
13a.	Did receive any WIC benefits in (Read each	4138	ı 🗆 Las		
	month)?	4140			ths ago ths ago
	Mark (X) all that apply.	4144			ths ago
b.	Which persons were covered?	1	Person N	lo.	Name
		4146			
		4148			
		4150			
		4152			
		4154			
····	SKIP to next ISS Code of		Item P1	. pa	age 45

	Section 3 — AMO	UNTS (Continued)
	Part B — SAVINGS ACCOUNTS, MONEY MARKET AND INTEREST-EARNING CHECKING AC	DEPOSIT ACCOUNTS, CERTIFICATES OF DEPOSIT, COUNTS (ISS Codes 100, 101, 102 and 103)
	MA8 Asset types owned. Mark (X) all that apply.	4300 1 ☐ ISS Code 100 — Regular/Passbook Savings Accounts 2 ☐ ISS Code 101 — Money Market Deposit Accounts 3 ☐ ISS Code 102 — Certificates of Deposit or other Savings Certificates 4 ☐ ISS Code 103 — Interest-earning Checking Accounts (such as NOW or Super NOW accounts
1.	Earlier you said that had (Read names of owned assets).	
	MA9 Interview status of 's spouse.	1 No spouse in household — SKIP to 3b 2 Interview for spouse not yet conducted 3 Interview for spouse already conducted — SKIP to 3a
2a.	Did own any of these jointly with's (husband/wife)?	4310 1 ☐ Yes 2 ☐ No — <i>SKIP to 3b</i>
b.	What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period (including even small amounts credited to 's account(s))?	\$. $00 - SKIP to 3a$ $X3 \square None - SKIP to 3a$ $X1 \square DK$ $X2 \square Ref SKIP to next ISS Code or Check Item P1, page 45$
	What is your best estimate of the average amount that and 's (husband/wife) had in these jointly held (Read asset types) during the 4-month period?	\$. 00 - SKIP to 3a x1 DK x2 Ref SKIP to next ISS Code or Check Item P1, page 45
d. 3a.	If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)	1 Yes — Mark Reminder Card and Callback Summary, Item 5
3a.	Besides any (Read asset types) owned jointly with 's (husband/wife), did have any other (Read asset types)?	4318 1 ☐ Yes 2 ☐ No — SKIP to next ISS Code or Check Item P1, page 45
b.	What is your best estimate of the total amount of interest earned on these (Read asset types) during the 4-month period (including even small amounts credited to 's account(s))?	\$\ \tag{320} \\$\ \tag{00} \ - SKIP to next ISS Code or Check Item P1, page 45} \\ \tag{x3} \sqrt{None} - SKIP to next ISS Code or Check Item P1, page 45} \\ \tag{x1} \sqrt{DK} \\ \tag{Ref.} - SKIP to next ISS Code or Check Item P1, page 45} \\ \tag{Check Item P1, page 45} \\ \tag{Check Item P1, page 45} \\ \tag{Check Item P1, page 45} \\ \tag{Code or Check Item P1, page 45} \\ Code or Check Item P1
C.	What is your best estimate of the average amount that had in these (Read asset types) during the 4-month period?	\$\\ \tag{4322} \\$ \\ \tag{80} \\ \tag{1} \Box \text{DK} \\ \tag{1} \Box \text{Ref.} - SKIP to next ISS Code or Check Item P1, page 45}
d.	If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey.)	1 ☐ Yes — Mark Reminder Card and Callback Summary SKIP to next
NOT	ES	

AMOUNTS - PARTS B&	MOUNTS - PARTS B	
MOUNTS - PARTS	MOUNTS - PARTS	
MOUNTS -	MOUNTS -	8
MOUNTS -	MOUNTS -	S
MOUNTS -	MOUNTS -	ī
MOUNTS -	MOUNTS -	Н
MOUNTS -	MOUNTS -	۷
AMOUNTS -	AMOUNTS -	d
AMOUNTS	AMOUNTS	
AMOUNT	AMOUNT	S
AMOUN	AMOUN	1
AMOU	AMOUI	N
AMO	AMO	П
AM(AM	5
A	AN	Е
A	٧	Į
		۷

	Section 3 — AMO	UNTS (Continued)
	Part C — OTHER INTEREST-EARNING AS	SSETS (ISS Codes 104, 105, 106 and 107)
CHE	M A10 Asset types owned. Mark (X) all that apply.	1 ☐ ISS code 104 — Money Market funds 4402 2 ☐ ISS code 105 — U.S. Government securities 4404 3 ☐ ISS code 106 — Municipal or corporate bonds 4406 4 ☐ ISS code 107 — Other interest-earning assets — Specify
1.	Earlier you said that owned (Read names of owned assets).	
CHE	MA11 Interview status of 's spouse.	1 ☐ No spouse in household — SKIP to 3b 2 ☐ Interview for spouse not yet conducted 3 ☐ Interview for spouse already conducted — SKIP to 3a
2a.	Did own any of these jointly with's (husband/wife)?	1 ☐ Yes 2 ☐ No — <i>SKIP</i> to <i>3b</i>
b.	What is your best estimate of the total amount of interest earned on these jointly held (Read asset types) during the 4-month period (including even small amounts credited to 's account(s))?	\$. 00 — SKIP to 3a x3 □ None — SKIP to 3a x1 □ DK x2 □ Ref. — SKIP to next ISS Code or Check Item P1, page 45
C.	What is your best estimate of the average amount that and 's (husband/wife) had in these jointly held (Read asset types) during the 4-month period?	x1 \(\text{DK} \) x2 \(\text{Ref.} - SKIP to next ISS Code or Check Item P1, page 45}
d.	If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey)	1 ☐ Yes — Mark Reminder Card and Callback Summary, Item 7 2 ☐ No
3a.	Besides any (Read asset types) owned jointly with's (husband/wife), did own any other (Read asset types)?	4418 1 ☐ Yes 2 ☐ No — SKIP to next ISS Code or Check Item P1, page 45
b.	What is your best estimate of the total amount of interest earned on these (Read asset types) during the 4-month period (including even small amounts credited to's account(s))?	\$. \[00 \] - SKIP to next ISS Code or Check Item P1, page 45 \] \[\times 3 \] \[\text{None} - SKIP to next ISS Code or Check Item P1, page 45 \] \[\times 1 \] \[\text{D K} \] \[\times 2 \] \[\text{Ref.} - SKIP to next ISS Code or Check Item P1, page 45 \]
c.	What is your best estimate of the average amount that had in these (Read asset types) during the 4-month period?	\$. 00 - SKIP to next ISS Code or Check Item P1, page 45 x1 DK x2 Ref SKIP to next ISS Code or
d.	If I were to call back later would you be able to provide me with an estimate of the average amount? (This information is especially important for the purposes of this survey)	Check Item P1, page 45 1 Yes — Mark Reminder Card and Callback Summary, Item 8 2 No Check Item P1, page 45
NOT	ES	

	Section 3 — AMO	UNTS (Continued)
	Part D — STOCKS AND MUTUAL	FUND SHARES (ISS Code 110)
1a.	Earlier you told me that owned stocks or mutual fund shares. Did receive any dividend checks during these 4 months? (Include checks made out jointly to and 's spouse.)	4500 1
	M A12 Interview status of 's spouse.	1 □ No spouse in household — SKIP to 2a 2 □ Interview for spouse not yet conducted 3 □ Interview for spouse already conducted — SKIP to 2a
1b.	During the past 4 months how much was received in dividend checks made out jointly to and 's (husband/wife)?	* SKIP to 2a X3 None — SKIP to 2a X1 DK X2 Ref. — SKIP to next ISS Code or Check Item P1, page 45
c.	If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)	1 ☐ Yes — Mark Reminder Card and Callback Summary, Item 9
2a.	During this 4-month period, how much did receive in dividend checks (in 's name only)?	**SI None — SKIP to 3a X3 None — SKIP to 3a X1 DK X2 Ref. — SKIP to next ISS Code or Check Item P1, page 45
	If I were to call back later would you be able to provide me with an estimate? (This information is especially important for the purposes of this survey.)	4510 1 Yes — Mark Reminder Card and Callback Summary, Item 10
3a.	(Besides the money that received in dividend checks) did earn any (other) dividends that were credited against a margin account or automatically reinvested?	1 4512 1 Yes 2 No SKIP to next ISS Code or x1 DK Check Item P1, page 45
	M A13 Interview status of 's spouse.	1 □ No spouse in household — SKIP to 3c □ Interview for spouse not yet conducted □ Interview for spouse already conducted — SKIP to 3c
3b.	During the 4-month period, how much of these kinds of dividends did earn jointly with 's (husband/wife)?	x3 None x1 DK x2 Ref. — SKIP to next ISS Code or Check Item P1, page 45
c.	During the 4-month period, how much of these kinds of dividends did earn (in 's name only)?	\$ SKIP to next ISS Code or Check Item P1, page 45
NOT	ES	

=	
	ICOME (ISS Code 120)
Earlier you told me that owned some rental property.	
EM A14 Interview status of 's spouse.	1 No spouse in household — SKIP to 3a 2 Interview for spouse not yet conducted 3 Interview for spouse already conducted — SKIP to 3a
Did receive any rental income from property owned jointly by and 's (husband/wife)? Include only property owned entirely by couple.	4602 1 ☐ Yes 2 ☐ No — <i>SKIP to 3a</i>
About how much was received in gross rent from this property during the 4-month period?	4604 \$. 00
	x1 □ D K x2 □ Ref. — SKIP to next ISS Code or Check Item P1, page 45
. What is your best estimate of the amount that was cleared after expenses?	X3 None X1 DK X2 Ref. — SKIP to next ISS Code or Check Item P1, page 45 4608 X4 Lost money — Enter amount of loss in box
Did receive rental income from property owned entirely in's own name?	1 ☐ Yes 2 ☐ No — <i>SKIP to 4a</i>
About how much was received in gross rent from this property during the 4-month period?	4612 \$. 00 x1□DK
What is your best estimate of the amount that was cleared after expenses?	x2☐ Ref. — SKIP to next ISS Code or Check Item P1, page 45 \$. 00 x3☐ None x1☐ DK x2☐ Ref. — SKIP to next ISS Code or Check Item P1, page 45 4616 x4☐ Lost money — Enter amount of loss in box
Did receive any rental income from property owned jointly with others? (Not including property owned entirely by and 's spouse.)	4618 1 Yes 2 No - SKIP to next ISS code or Check Item P1, page 45
What is your best estimate of's share of the amount cleared on this property during the last 4 months?	\$ SKIP to next ISS Code or Check Item P1, page 45 4620
TES	
What is your best estimate of's share of the amount cleared on this property during the last 4 months?	Check Item P1, page 45 X3

	ı	
	ľ	J
	ŀ	7
	þ	2
	ľ	3
	ŀ	ī
	ŀ	۲
	Į	1
	l	•
	į	
	l	
	ŀ	i
	t	3
	ı	5
	i	7
	ı	
	ı	ì
	ı	٠

	Section 3 — AMO	UNTS (Continued)
	Part F — MORTGAGES, ROYALTIES A (ISS Codes 130	ND OTHER FINANCIAL INVESTMENTS), 140, and 150)
	Asset types owned. Mark (X) all that apply.	4700 1 ☐ ISS Code 130 — Mortgages 4702 2 ☐ ISS Code 140 — Royalties 3 ☐ ISS Code 150 — Other financial investments
CHI	Is ISS Code 130 marked in Check Item A15?	1 ☐ Yes 2 ☐ No — <i>SKIP to 3</i>
	M A17 Interview status of's spouse.	1 ☐ No spouse in household — SKIP to 2b 2 ☐ Interview for spouse not yet conducted 3 ☐ Interview for spouse already conducted — SKIP to 2a
1a.	Earlier you said held a mortgage. Did own this jointly with's spouse?	1 ☐ Yes 2 ☐ No — SKIP to 2b
b.	During the past 4 months how much interest was paid to and 's spouse by the borrower?	X3
2a.	(Besides these jointly held mortgages) did hold any mortgages in's own name?	4714 1 ☐ Yes 2 ☐ No — SKIP to Check Item A18
b.	(Earlier you said that held a mortgage.) During the past 4 months how much interest was paid to by the borrower?	4716 \$
	Is ISS Code 140 or 150 marked in Check Item A15?	1 Yes 2 No - SKIP to Check Item P1
3.	Earlier you said had (Read asset types). During the past 4 months, how much income did receive from these (Read asset types)? If income was shared, count only 's share.	X3
NOT	ES	

	Section 4	– PROGRAM	QUESTIONS
	MP1 Refer to cc item 19b. Is this the reference person's questionnaire?	4800	1 ☐ Yes 2 ☐ No — <i>SKIP to Check Item C1, page 47</i>
	Refer to cc items 16a and 16b Is this residence owned by the lauthority OR does the government of the rent? ("Yes" marked in cor 16b)	ocal housing ent pay part	1 □ Yes 2 □ No − <i>SKIP to 2a</i>
1a.	What is your monthly rent?	} 	\$. 00 x3 \(\text{None} \) x1 \(\text{DK} \) x2 \(\text{Ref.} \) \$ SKIP to 2a
b.	(In addition to rent,) do you pay for any such as water, electricity, gas, or oil? Exclude telephone.	utilities 4806	1 ☐ Yes 2 ☐ No x1 ☐ DK
	The government has an energy assistar program which helps pay heating and costs. This assistance can be received the household or it can be paid directly electric or gas company, fuel dealer, or Has this household received assistance type during the past 4 months?	cooling directly by to the landlord.	1 ☐ Yes 2 ☐ No x1 ☐ DK } SKIP to Check Item P3
b.	Was this assistance received in the form coupons or vouchers sent to this house were the payments sent directly to a uticompany, fuel dealer, or landlord? Mark (X) all that apply.	hold, or 4820	□ Checks sent to household □ Coupons or vouchers sent to household □ Payments sent directly to utility company, fuel dealer, or landlord
C.	What was the total amount of the energreceived by this household during the pmonths?		\$. 00 x1 DK
	Are there any children 5 to 18 old who live in this household	years 4826 ?	1 ☐ Yes 2 ☐ No — <i>SKIP to Check Item C1, page 47</i>
3a.	Do any of the children in this household receive a complete hot lunch offered at	i usually school?	¹ ☐ Yes 2 ☐ No — SKIP to Check Item C1, page 47
b.	How many children?	4830	Children
c.	How many complete school lunches do children receive per week?	all of the	Number of lunches
d.	Did you (or another person) apply for th receive free or reduced-price lunches u Federal School Lunch Program during tyear?	nder the	1 ☐ Yes 2 ☐ No — SKIP to 3f
e.	In the past 4 months, were the lunches reduced-price, or were they full-price?	free, 4836	1 ☐ Free lunch — SKIP to 3g 2 ☐ Reduced-price lunch 3 ☐ Full-price lunch
f.	What was the average price paid by all children for a complete school lunch?	of the 4838	\$ x1 \(\text{D}\) K
g.	Do any of the children usually receive be school under the Federal School Break Program?	preakfast at 4840 fast	1 ☐ Yes 2 ☐ No — SKIP to Check Item C1, page 47
h.	How many children?	4842	Children
i.	How many complete school breakfasts children receive per week?	4844	Number of breakfasts
j.	In the past 4 months, were the breakfa reduced-price, or were they full-price?	sts free, 4846	1 ☐ Free breakfast 2 ☐ Reduced-price breakfast 3 ☐ Full-price breakfast